STIC Search Report
Biotech-Chem Library

STIC Database Tracking Number: 97008

TO: Phyllis Spivack
Location: 2D01
Art Unit: 1614
Thursday, June 19, 2003

Case Serial Number: 10/035100

From: Barb O'Bryen
Location: Biotech-Chem Library
CM1-6A05
Phone: 308-4291

barbara.obryen@uspto.gov

Search Notes

For Sequence Searches Only Please ... appropriate serial number.

A composition comprising:

(a) a pharmaceutically effective amount of one or more norepinephrine reuptake inhibitors or a pharmaceutically effective salt thereof; and

(b) a pharmaceutically effective amount of one or more neuroleptic agents or a pharmaceutically effective salt thereof.

The composition according to claim 1 wherein component (a) is selected from the group consisting of tandamine, pirandamine, ciclazindol, fluparoxan, lortalamine, talsupram, talopram, prindamine, nomifensine, viloxazine, tomoxetine, duloxetine, venlafaxine, milnacipran and reboxetine and mixtures thereof.

The composition according to claim 1 wherein component (b) is selected from the group consisting of chlorpromazine, haloperidol, perphenazine, thioridazine, mesoridazine, trifluoperazine, fluphenazine, clozapine, olanzapine, risperidone, ziprasidone, quetiapine, sertindole, aripiprazole, sonepiprazole, blonanserin, iloperidone, perospirone, raclopride, zotepine, DU-127090, ORG-5222, SM-13496, amisulpride, CP-361428, Lu 35-138, balaperidone, S-18327, WAY-135452, eplivanserin, E-5842, SR-31742, NE-100, osanetant, SR-141716, SR-48692, BSF-201640, BSF-190555, LAX-101a, sarizotan, CX-691 and SB-271046 and mixtures

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STIC SEARCH RESULTS FEEDBACK FORM

Biotech-Chem Library

Questions about the scope or the results of the search? Contact ***the searcher or contact:***

Mary Hale, Information Branch Supervisor
308-4258, CM1-1E01

Voluntary Results Feedback Form

- *I am an examiner in Workgroup:* ☐ *Example: 1610*
- *Relevant prior art **found**, search results used as follows:*
  - ☐ 102 rejection
  - ☐ 103 rejection
  - ☐ Cited as being of interest.
  - ☐ Helped examiner better understand the invention.
  - ☐ Helped examiner better understand the state of the art in their technology.

Types of relevant prior art found:

- ☐ Foreign Patent(s)
- ☐ Non-Patent Literature
  (journal articles, conference proceedings, new product announcements etc.)

- *Relevant prior art **not found:***
  - ☐ Results verified the lack of relevant prior art (helped determine patentability).
  - ☐ Results were not useful in determining patentability or understanding the invention.

Comments:

Drop off or send completed forms to STIC/Biotech-Chem Library CM1 – Circ. Desk

=> fil reg; d ide 1-2
FILE 'REGISTRY' ENTERED AT 09:57:35 ON 19 JUN 2003

Property values tagged with IC are from the ZIC/VINITI data file provided by InfoChem.

STRUCTURE FILE UPDATES: 17 JUN 2003 HIGHEST RN 532924-24-6
DICTIONARY FILE UPDATES: 17 JUN 2003 HIGHEST RN 532924-24-6

TSCA INFORMATION NOW CURRENT THROUGH JANUARY 6, 2003

Please note that search-term pricing does apply when conducting SmartSELECT searches.

Crossover limits have been increased. See HELP CROSSOVER for details.

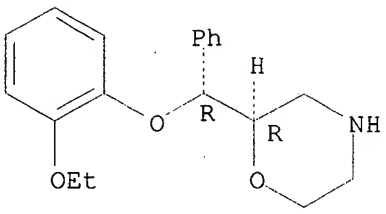
Experimental and calculated property data are now available. See HELP PROPERTIES for more information. See STNote 27, Searching Properties in the CAS Registry File, for complete details:
http://www.cas.org/ONLINE/STN/STNOTES/stnotes27.pdf

L52 ANSWER 1 OF 2 REGISTRY COPYRIGHT 2003 ACS
RN 98769-84-7 REGISTRY
CN Morpholine, 2-[(R)-(2-ethoxyphenoxy)phenylmethyl]-, (2R)-rel-, methanesulfonate (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN Morpholine, 2-[(2-ethoxyphenoxy)phenylmethyl]-, (R*,R*)-(.+-.)-, methanesulfonate
OTHER NAMES:
CN Davedax
CN Edronax
CN FCE 20124
CN PNU 155905E
CN PNU 155950E
CN **Reboxetine mesylate**
FS STEREOSEARCH
DR 98769-82-5, 141425-90-3
MF C19 H23 N O3 . C H4 O3 S
SR CA
LC STN Files: BEILSTEIN*, BIOSIS, CA, CAPLUS, CASREACT, CIN, DRUGPAT, DRUGUPDATES, EMBASE, IPA, MRCK*, RTECS*, SYNTHLINE, TOXCENTER, USAN, USPATFULL
(*File contains numerically searchable property data)

CM 1

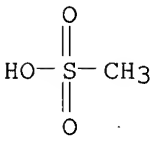
CRN 71620-89-8
CMF C19 H23 N O3

Relative stereochemistry.



CM 2

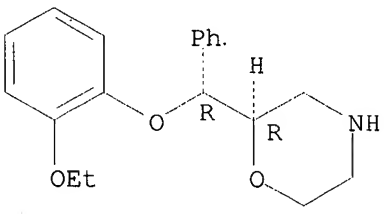
CRN 75-75-2
CMF C H4 O3 S



14 REFERENCES IN FILE CA (1957 TO DATE)
14 REFERENCES IN FILE CAPLUS (1957 TO DATE)

L52 ANSWER 2 OF 2 REGISTRY COPYRIGHT 2003 ACS
RN 71620-89-8 REGISTRY
CN Morpholine, 2-[(R)-(2-ethoxyphenoxy)phenylmethyl]-, (2R)-rel- (9CI) (CA INDEX NAME)
OTHER NAMES:
CN **Reboxetine**
CN Reboxitine
FS STEREOSEARCH
DR 98769-81-4, 98769-83-6, 71621-36-8
MF C19 H23 N O3
CI COM
LC STN Files: ADISINSIGHT, ADISNEWS, ANABSTR, BEILSTEIN*, BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CANCERLIT, CAPLUS, CASREACT, CBNB, CIN, DDFU, DRUGNL, DRUGPAT, DRUGU, DRUGUPDATES, EMBASE, IPA, MEDLINE, MRCK*, PHAR, PROMT, RTECS*, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL
(*File contains numerically searchable property data)
Other Sources: WHO

Relative stereochemistry.



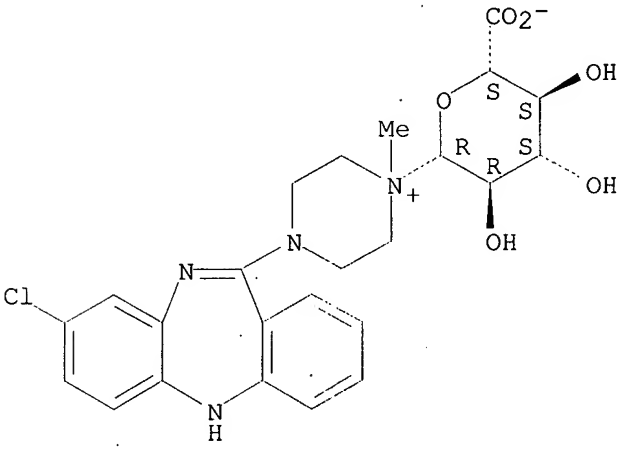
PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

174 REFERENCES IN FILE CA (1957 TO DATE)
7 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
176 REFERENCES IN FILE CAPLUS (1957 TO DATE)

=> d ide l94 1-4

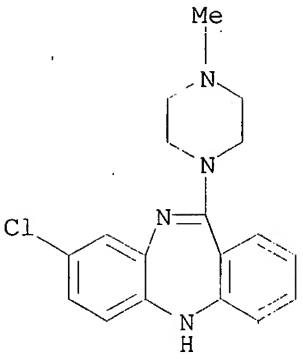
L94 ANSWER 1 OF 4 REGISTRY COPYRIGHT 2003 ACS
RN 165602-86-8 REGISTRY
CN Piperazinium, 4-(8-chloro-5H-dibenzo[b,e][1,4]diazepin-11-yl)-1-.beta.-D-glucopyranuronosyl-1-methyl-, inner salt (9CI) (CA INDEX NAME)
OTHER NAMES:
CN **Clozapine N-glucuronide**
FS STEREOSEARCH
DR 191272-95-4
MF C24 H27 Cl N4 O6
SR CA
LC STN Files: BIOSIS, CA, CAPLUS

Absolute stereochemistry.



3 REFERENCES IN FILE CA (1957 TO DATE)
3 REFERENCES IN FILE CAPLUS (1957 TO DATE)

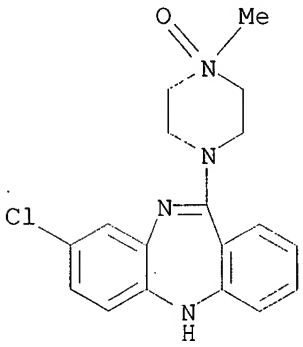
L94 ANSWER 2 OF 4 REGISTRY COPYRIGHT 2003 ACS
RN 54241-01-9 REGISTRY
CN 5H-Dibenzo[b,e][1,4]diazepine, 8-chloro-11-(4-methyl-1-piperazinyl)-, monohydrochloride (9CI) (CA INDEX NAME)
OTHER NAMES:
CN **Clozapine hydrochloride**
MF C18 H19 Cl N4 . Cl H
LC STN Files: CA, CAPLUS, DRUGPAT, HSDB*, TOXCENTER, USPATFULL
(*File contains numerically searchable property data)
CRN (5786-21-0)



● HCl

11 REFERENCES IN FILE CA (1957 TO DATE)
11 REFERENCES IN FILE CAPLUS (1957 TO DATE)

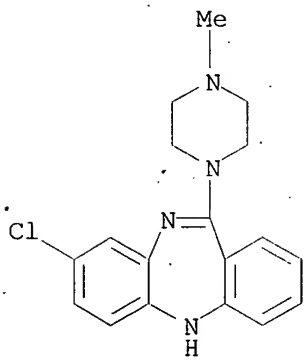
L94 ANSWER 3 OF 4 REGISTRY COPYRIGHT 2003 ACS
RN 34233-69-7 REGISTRY
CN 5H-Dibenzo[b,e][1,4]diazepine, 8-chloro-11-(4-methyl-4-oxido-1-piperazinyl)- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 5H-Dibenzo[b,e][1,4]diazepine, 8-chloro-11-(4-methyl-1-piperazinyl)-, N-oxide (8CI)
OTHER NAMES:
CN **Clozapine N-oxide**
FS 3D CONCORD
MF C18 H19 Cl N4 O
LC STN Files: ADISNEWS, ANABSTR, BIOBUSINESS, BIOSIS, CA, CANCERLIT, CAPLUS, CHEMCATS, CSCHEM, DDFU, DRUGPAT, DRUGU, EMBASE, IPA, MEDLINE, RTECS*, TOXCENTER, USPATFULL
(*File contains numerically searchable property data)



80 REFERENCES IN FILE CA (1957 TO DATE)
81 REFERENCES IN FILE CAPLUS (1957 TO DATE)

L94 ANSWER 4 OF 4 REGISTRY COPYRIGHT 2003 ACS
RN 5786-21-0 REGISTRY
CN 5H-Dibenzo[b,e][1,4]diazepine, 8-chloro-11-(4-methyl-1-piperazinyl)- (7CI, 8CI, 9CI) (CA INDEX NAME)
OTHER NAMES:
CN 8-Chloro-11-(4-methyl-1-piperazinyl)-5H-dibenzo[b,e][1,4]diazepine

CN Asaleptin
CN Azaleptine
CN Clozapin
CN **Clozapine**
CN Clozaril
CN HF 1854
CN Iprox
CN Leponex
FS 3D CONCORD
MF C18 H19 Cl N4
CI COM
LC STN Files: ADISNEWS, AGRICOLA, ANABSTR, BEILSTEIN*, BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CANCERLIT, CAOLD, CAPLUS, CASREACT, CBNB, CEN, CHEMCATS, CHEMLIST, CIN, CSCHEM, DDFU, DIOGENES, DRUGNL, DRUGPAT, DRUGU, EMBASE, HSDB*, IFICDB, IFIPAT, IFIUDB, IPA, MEDLINE, MRCK*, NIOSHTIC, PHAR, PHARMASEARCH, PROMT, RTECS*, SPECINFO, TOXCENTER, USAN, USPAT2, USPATFULL
(*File contains numerically searchable property data)
Other Sources: EINECS**, WHO
(**Enter CHEMLIST File for up-to-date regulatory information)



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

2787 REFERENCES IN FILE CA (1957 TO DATE)
36 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
2798 REFERENCES IN FILE CAPLUS (1957 TO DATE)
2 REFERENCES IN FILE CAOLD (PRIOR TO 1967)

```
=> fil medl; d que l30
FILE 'MEDLINE' ENTERED AT 11:41:04 ON 19 JUN 2003

 FILE LAST UPDATED: 18 JUN 2003 (20030618/UP).  FILE COVERS 1958 TO DATE.

 On April 13, 2003, MEDLINE was reloaded.  See HELP RLOAD for details.

 MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the
 MeSH 2003 vocabulary.  See http://www.nlm.nih.gov/mesh/changes2003.html
 for a description on changes.

 This file contains CAS Registry Numbers for easy and accurate
 substance identification.


L7          204 SEA FILE=MEDLINE ABB=ON  REBOXETIN#
L12        3907 SEA FILE=MEDLINE ABB=ON  CLOZAPINE/CT
L30           1 SEA FILE=MEDLINE ABB=ON  L7 AND L12
```

Species search

```
=> fil capl; d que l101

FILE 'CAPLUS' ENTERED AT 11:41:05 ON 19 JUN 2003
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FILE COVERS 1907 - 19 Jun 2003  VOL 138 ISS 25.
FILE LAST UPDATED: 18 Jun 2003  (20030618/ED)

  This file contains CAS Registry Numbers for easy and accurate
  substance identification.


L52           2 SEA FILE=REGISTRY ABB=ON  REBOXETINE?/CN
L94           4 SEA FILE=REGISTRY ABB=ON  CLOZAPINE?/CN
L98       27695 SEA FILE=CAPLUS ABB=ON  DRUG INTERACTIONS+OLD,NT/CT
L99        1903 SEA FILE=CAPLUS ABB=ON  DRUG DELIVERY SYSTEMS+OLD/CT(L)COMBIN?

L101          2 SEA FILE=CAPLUS ABB=ON  L94 AND L52 AND (L98 OR L99)


=> fil embase; d que l159; d que l161

FILE 'EMBASE' ENTERED AT 11:41:05 ON 19 JUN 2003
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 FILE COVERS 1974 TO 12 Jun 2003 (20030612/ED)

 EMBASE has been reloaded. Enter HELP RLOAD for details.
```

This file contains CAS Registry Numbers for easy and accurate substance identification.

```
L120        534 SEA FILE=EMBASE ABB=ON  REBOXETINE/CT
L127      10318 SEA FILE=EMBASE ABB=ON  CLOZAPINE/CT OR CLOZAPINE DERIVATIVE/CT
L159          2 SEA FILE=EMBASE ABB=ON  L120(L)CB/CT AND L127(L)CB/CT
```

Subheading CB = drug combination

```
L120        534 SEA FILE=EMBASE ABB=ON  REBOXETINE/CT
L127      10318 SEA FILE=EMBASE ABB=ON  CLOZAPINE/CT OR CLOZAPINE DERIVATIVE/CT

L152     231416 SEA FILE=EMBASE ABB=ON  DRUG COMBINATION/CT
L153     160483 SEA FILE=EMBASE ABB=ON  DRUG INTERACTION+NT/CT
L154     568351 SEA FILE=EMBASE ABB=ON  CENTRAL NERVOUS SYSTEM DISEASE+NT/CT
L157         34 SEA FILE=EMBASE ABB=ON  L120 AND L127
L161          4 SEA FILE=EMBASE ABB=ON  L154 AND L157 AND (L152 OR L153)

=> s l159 or l161

L173          6 L159 OR L161

=> fil wpids; d que l119

FILE 'WPIDS' ENTERED AT 11:41:07 ON 19 JUN 2003
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FILE LAST UPDATED:          16 JUN 2003      <20030616/UP>
MOST RECENT DERWENT UPDATE:     200338        <200338/DW>
DERWENT WORLD PATENTS INDEX SUBSCRIBER FILE, COVERS 1963 TO DATE

>>> NEW WEEKLY SDI FREQUENCY AVAILABLE --> see NEWS  <<<

>>> PATENT IMAGES AVAILABLE FOR PRINT AND DISPLAY <<<

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    SEE http://www.derwent.com/dwpi/updates/dwpicov/index.html <<<

>>> FOR A COPY OF THE DERWENT WORLD PATENTS INDEX STN USER GUIDE,
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    GUIDES, PLEASE VISIT:
    http://www.derwent.com/userguides/dwpi_guide.html <<<


L117         32 SEA FILE=WPIDS ABB=ON  PNU 1559### OR REBOX!TIN# OR FCE20124
                OR FCE 20124 OR VESTRA OR PNU1559###
L118        118 SEA FILE=WPIDS ABB=ON  CLOZAPIN# OR CLOZARIL# OR LEPONEX OR
                HF1854 OR HF 1854 OR IPROX OR LEPONEX OR A!ALEPTIN#
L119          1 SEA FILE=WPIDS ABB=ON  L117 AND L118

=> fil DRUGU, PASCAL, JICST-EPLUS, BIOTECHNO, ESBIOBASE, CABA, IPA, BIOTECHDS, LIFESCI,
BIOSIS, CONFSCI, TOXCENTER, SCISEARCH

FILE 'DRUGU' ENTERED AT 11:41:08 ON 19 JUN 2003
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FILE 'PASCAL' ENTERED AT 11:41:08 ON 19 JUN 2003

FILE 'JICST-EPLUS' ENTERED AT 11:41:08 ON 19 JUN 2003

FILE 'BIOTECHNO' ENTERED AT 11:41:08 ON 19 JUN 2003

FILE 'ESBIOBASE' ENTERED AT 11:41:08 ON 19 JUN 2003

FILE 'CABA' ENTERED AT 11:41:08 ON 19 JUN 2003

FILE 'IPA' ENTERED AT 11:41:08 ON 19 JUN 2003

FILE 'BIOTECHDS' ENTERED AT 11:41:08 ON 19 JUN 2003

FILE 'LIFESCI' ENTERED AT 11:41:08 ON 19 JUN 2003

FILE 'BIOSIS' ENTERED AT 11:41:08 ON 19 JUN 2003

FILE 'CONFSCI' ENTERED AT 11:41:08 ON 19 JUN 2003

FILE 'TOXCENTER' ENTERED AT 11:41:08 ON 19 JUN 2003

FILE 'SCISEARCH' ENTERED AT 11:41:08 ON 19 JUN 2003

=> d que l114; d que l116; s l114 or l116

```
L52           2 SEA FILE=REGISTRY ABB=ON  REBOXETINE?/CN
L94           4 SEA FILE=REGISTRY ABB=ON  CLOZAPINE?/CN
L108       1399 SEA PNU 1559### OR REBOX!TIN# OR FCE20124 OR FCE 20124 OR
                VESTRA
L109        625 SEA L52
L110      28731 SEA CLOZAPIN# OR CLOZARIL# OR LEPONEX OR HF1854 OR HF 1854 OR
                IPROX OR LEPONEX OR A!ALEPTIN#
L111      12759 SEA L94
L112         25 SEA (L108 OR L109) AND (L110 OR L111)
L113    5978532 SEA INTERACT? OR SYNERG? OR COMBIN?
L114         15 SEA L112 AND L113
```

```
L52           2 SEA FILE=REGISTRY ABB=ON  REBOXETINE?/CN
L94           4 SEA FILE=REGISTRY ABB=ON  CLOZAPINE?/CN
L108       1399 SEA PNU 1559### OR REBOX!TIN# OR FCE20124 OR FCE 20124 OR
                VESTRA
L109        625 SEA L52
L110      28731 SEA CLOZAPIN# OR CLOZARIL# OR LEPONEX OR HF1854 OR HF 1854 OR
                IPROX OR LEPONEX OR A!ALEPTIN#
```

```
L111      12759 SEA L94
L112         25 SEA (L108 OR L109) AND (L110 OR L111)
L115     269285 SEA (CNS OR (CENTRAL(2A)(NERVOUS SYSTEM)))(5A)(DISEASE# OR
                DISORDER#)
L116          1 SEA L112 AND L115


L174         15 L114 OR L116

=> dup rem 130,l101,l173,l174,l119
FILE 'MEDLINE' ENTERED AT 11:41:46 ON 19 JUN 2003

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PROCESSING COMPLETED FOR L30
PROCESSING COMPLETED FOR L101
PROCESSING COMPLETED FOR L173
PROCESSING COMPLETED FOR L174
PROCESSING COMPLETED FOR L119
L175         17 DUP REM L30 L101 L173 L174 L119 (8 DUPLICATES REMOVED)
                ANSWER '1' FROM FILE MEDLINE
                ANSWER '2' FROM FILE CAPLUS
                ANSWERS '3-8' FROM FILE EMBASE
                ANSWERS '9-14' FROM FILE DRUGU
                ANSWER '15' FROM FILE BIOSIS
                ANSWER '16' FROM FILE SCISEARCH
                ANSWER '17' FROM FILE WPIDS

=> d ibib ab hitrn 1-17

L175 ANSWER 1 OF 17     MEDLINE                          DUPLICATE 2
ACCESSION NUMBER:    2002073439     MEDLINE
DOCUMENT NUMBER:     21660862   PubMed ID: 11802103
```

TITLE: No effect of **reboxetine** on plasma concentrations of clozapine, risperidone, and their active metabolites.
AUTHOR: Spina E; Avenoso A; Scordo M G; Ancione M; Madia A; Levita A
CORPORATE SOURCE: Department of Clinical and Experimental Medicine and Pharmacology, Section of Pharmacology, University of Messina, Messina, Italy.. espina@www.unime.it
SOURCE: THERAPEUTIC DRUG MONITORING, (2001 Dec) 23 (6) 675-8. Journal code: 7909660. ISSN: 0163-4356.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200203
ENTRY DATE: Entered STN: 20020125
Last Updated on STN: 20020308
Entered Medline: 20020307

AB The effect of **reboxetine** on steady-state plasma concentrations of the atypical antipsychotics clozapine and risperidone was studied in 14 patients with schizophrenia or schizoaffective disorder with associated depressive symptoms. Seven patients stabilized on clozapine therapy (250-500 mg/day) and seven receiving risperidone (4-6 mg/day) were given additional **reboxetine** (8 mg/day). After 4 weeks of **reboxetine** therapy, mean plasma concentrations of clozapine, norclozapine, and risperidone active moiety (sum of concentrations of risperidone and 9-hydroxyrisperidone) increased slightly but not significantly by 5%, 2%, and 10%, respectively. The mean plasma clozapine/norclozapine and risperidone/9-hydroxyrisperidone ratios were not modified during **reboxetine** treatment. **Reboxetine** coadministration with either clozapine or risperidone was well tolerated. These findings indicate that **reboxetine** has minimal effects on the metabolism of clozapine and risperidone and may be added safely to patients receiving maintenance treatment with these two antipsychotics.

L175 ANSWER 2 OF 17 CAPLUS COPYRIGHT 2003 ACS DUPLICATE 1
ACCESSION NUMBER: 2002:521465 CAPLUS
DOCUMENT NUMBER: 137:98994
TITLE: Pharmaceuticals containing a combination of norepinephrine reuptake inhibitors and neuroleptics
INVENTOR(S): Wong, Erik Ho Fong; Gallen, Christopher C.; Svensson, Torgny
PATENT ASSIGNEE(S): Pharmacia & Upjohn Company, USA; Pharmacia AB
SOURCE: PCT Int. Appl., 22 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

inventive entity

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2002053140	A2	20020711	WO 2001-US45871	20011227
WO 2002053140	A3	20021024		

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

US 2002156067 A1 20021024 US 2001-35100 20011228
PRIORITY APPLN. INFO.: US 2001-259286P P 20010102
AB A compn. comprising: (a) a pharmaceutically effective amt. of one or more norepinephrine reuptake inhibitors or a salt; and (b) 1 or more neuroleptics is provided. The compn. is useful in treating disorders or diseases of the central nervous system, and particularly useful in treating schizophrenia. A pharmaceutical compn. was prepd. by combining reboxetine with a neuroleptic in an acceptable carrier. The compn. contains 0.01-10 mg rebexetine and 25-300 mg clozapine.
IT **5786-21-0**, Clozapine **71620-89-8**, Reboxetine
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(pharmaceuticals contg. combination of norepinephrine reuptake inhibitors and neuroleptics)

L175 ANSWER 3 OF 17 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.DUPLICATE 3
ACCESSION NUMBER: 2000354156 EMBASE
TITLE: Psychotropic interactions with warfarin.
AUTHOR: Sayal K.S.; Duncan-McConnell D.A.; McConnell H.W.; Taylor D.M.
CORPORATE SOURCE: D.M. Taylor, Maudsley Hospital, Denmark Hill, London SE5 8AZ, United Kingdom
SOURCE: Acta Psychiatrica Scandinavica, (2000) 102/4 (250-255).
Refs: 45
ISSN: 0001-690X CODEN: APYSA
COUNTRY: Denmark
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
025 Hematology
030 Pharmacology
032 Psychiatry
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
AB Objective: Improving knowledge about the cytochrome p450 system means that potential drug interactions can be predicted. Interactions involving warfarin may be thus avoidable. As many patients who have suffered from a stroke or other thromboembolic events may also develop psychiatric disorder, knowledge about possible interactions with psychotropics is essential for prescribers. Method: A Medline and hand search of published literature was complemented by contacting manufacturers. Results: The antidepressants citalopram, nefazodone and sertraline have relatively low interaction potential with warfarin; fluoxetine and fluvoxamine relatively high. Carbamazepine appears to reduce warfarin's anticoagulant effect. Other antipsychotics, antidepressants and anxiolytics have only a theoretical risk of interaction. Lithium, gabapentin, sulpiride and amisulpride are predominantly renally excreted and so are not likely to interact with warfarin. Conclusion: Many psychotropics are involved in predictable interactions with warfarin. Drugs with a known low interaction potential should be chosen instead of those known or predicted to interact. (C) Munksgaard 2000.

L175 ANSWER 4 OF 17 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2002364397 EMBASE
TITLE: Clozapine in patients with chronic schizophrenia: Serum level, EEG and memory performance.
AUTHOR: Adler G.; Grieshaber S.; Faude V.; Thebaldi B.; Dressing H.
CORPORATE SOURCE: Dr. G. Adler, Clinical Neurophysiology Service, Central Institute of Mental Health, P.O. Box 12 21 20, 68072 Mannheim, Germany. adler@zi-mannheim.de
SOURCE: Pharmacopsychiatry, (2002) 35/5 (190-194).
Refs: 34
ISSN: 0176-3679 CODEN: PHRMEZ

COUNTRY: Germany
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 008 Neurology and Neurosurgery
030 Pharmacology
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
AB The atypical antipsychotic clozapine causes EEG alterations, and may lead to memory impairments due to its anticholinergic properties. The relationships between clozapine serum level, quantitative EEG parameters and performance in vigilance and memory tasks were studied in a group of 17 chronically ill schizophrenic patients under maintenance treatment with clozapine at stable dosages. There were negative correlations between clozapine serum levels and the amount of high-frequency EEG activity and positive correlations between high-frequency EEG activity and memory performance. These findings may suggest that clozapine treatment brings about dose-dependent impairments of vigilance and memory, for which a reduction of high-frequency EEG activity is indicative.

L175 ANSWER 5 OF 17 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2001425487 EMBASE
TITLE: Antidepressant drug interactions.
AUTHOR: Botts S.R.; Alfaro C.
CORPORATE SOURCE: Prof. S.R. Botts, Univ. of Kentucky Coll. of Pharmacy, UK Mental Health Research Center, 627 West 4th Street, Lexington, KY 40508, United States. sbott2@pop.uky.edu
SOURCE: Journal of Pharmacy Practice, (2001) 14/6 (467-477).
Refs: 64
ISSN: 0897-1900 CODEN: JPPREU
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 030 Pharmacology
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
AB Second-generation antidepressants are more selective in their pharmacological mechanisms and offer fewer side effects and a safer toxicological profile than cyclic antidepressants and monoamine oxidase inhibitors. While the risk for pharmacodynamic interactions is more limited than with older agents with broader receptor effects, the risks for pharmacokinetic interactions is greater. The capacity of selective serotonin reuptake inhibitors to inhibit the metabolic activity of cytochrome P450 isozyme system has spurred over a decade of intense psychopharmacological and pharmacogenetics research to better the understanding of the significance of these interactions. Clinicians have had to increase their knowledge and understanding of drug interaction potential to better manage patients receiving these newer antidepressants. The following is a review of both pharmacodynamic and pharmacokinetic drug-drug interactions with antidepressants.

L175 ANSWER 6 OF 17 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2001368245 EMBASE
TITLE: Treatment options for depression and psychosis in Parkinson's disease.
AUTHOR: Poewe W.; Seppi K.
CORPORATE SOURCE: W. Poewe, Department of Neurology, University Hospital Innsbruck, Anichstrasse 35, 6020 Innsbruck, Austria. werner.poewe@uibk.ac.at
SOURCE: Journal of Neurology, Supplement, (2001) 248/3 (12-21).

Refs: 133
ISSN: 0939-1517 CODEN: JNSUE6
COUNTRY: Germany
DOCUMENT TYPE: Journal; Conference Article
FILE SEGMENT: 008 Neurology and Neurosurgery
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English

AB Neuropsychiatric symptoms are a frequent feature of advancing Parkinson's disease (PD). The reported prevalence of depression varies greatly between different studies but there is general consensus that between 40 and 50% of patients will be affected. Depression may antedate motor manifestations of Parkinson's disease and is usually of moderate or mild intensity. However, depression is of major impact on the quality of life in PD patients according to a recent survey. Drug-induced psychosis is one of the major therapeutic challenges in Parkinson's disease and may occur in up to 6% in otherwise uncomplicated de novo patients when first receiving dopaminergic therapy. It increases in frequency, in advanced disease and particularly in patients with dementia where up to 22% may be affected. There is an amazing lack of controlled clinical trials assessing the effects of antidepressants in clinical trials including more than 20 patients and assessing efficacy of antidepressants specifically in the context of mood changes in Parkinson's disease. A comprehensive literature search yielded only a total of 17 articles of which a majority included less than 20 patients and/or did not use valid depression ratings. The only randomized controlled trial was conducted more than 20 years ago using nortryptiline while no controlled trials were available on the use of serotonin reuptake inhibitors. Studies assessing the antidepressant action of dopaminergic therapies are few and inconclusive. Thus, while tricyclic antidepressants or SSRIs are widely used in clinical practice, there is still a need for controlled clinical trials proving their efficacy specifically in parkinsonian depression. Three randomized controlled trials are now available assessing the efficacy of the atypical neuroleptics clozapine and olanzapine in the treatment of drug-induced psychosis. While clozapine is of proven efficacy at least in the short-term management of this complication without negative impact on the motor symptoms, olanzapine in currently used doses of 2.5 to 15 mg/d seems to aggravate motor symptoms with lesser effect on psychosis compared to clozapine. Currently, clozapine is the atypical neuroleptic of choice for the treatment of drug-induced psychosis in Parkinson's disease.

L175 ANSWER 7 OF 17 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2001123890 EMBASE
TITLE: First reports of adverse drug reactions (ADRs) in recent weeks.
SOURCE: Drugs and Therapy Perspectives, (26 Mar 2001) 17/6 (11).
Refs: 14
ISSN: 1172-0360 CODEN: DTHPEE
COUNTRY: New Zealand
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 037 Drug Literature Index
038 Adverse Reactions Titles
052 Toxicology
LANGUAGE: English

L175 ANSWER 8 OF 17 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2000374481 EMBASE
TITLE: Depression in patients with schizophrenia: Prevalence, and diagnostic and treatment considerations.
AUTHOR: Hausmann A.; Fleischhacker W.W.
CORPORATE SOURCE: Dr. A. Hausmann, Department of General Psychiatry,

Innsbruck University Clinics, Anichstrasse 35, A-6020 Innsbruck, Austria. armand.hausmann@uibk.ac.at
SOURCE: CNS Drugs, (2000) 14/4 (289-299).
Refs: 114
ISSN: 1172-7047 CODEN: CNDREF
COUNTRY: New Zealand
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
AB Depression is a common comorbid syndrome in patients with schizophrenia. A review of the literature highlights the multitude of different expressions used to describe depression in this context. This fact exemplifies the diagnostic and therapeutic inconsistencies found in literature. Former generations of psychiatrists considered that antidepressants could provoke psychotic symptoms. Although the evidence is still tentative, it appears to be current common practice for most psychiatrists, having ruled out confounding conditions such as extrapyramidal motor symptoms and negative symptoms, to prescribe antidepressant agents to patients who show depressive symptoms. There are controlled clinical trials that have demonstrated that tricyclic antidepressants are effective in the treatment of depression in patients with schizophrenia. In contrast, the newer antidepressants have yet to be tested in large scale controlled studies. Possible interactions between antipsychotics and antidepressants must be considered when these two classes of agent are prescribed. Monotherapy with novel antipsychotics may be a treatment option, as some such as zotepine, olanzapine and risperidone have shown advantages over traditional antipsychotics in reducing depressive symptoms in patients with schizophrenia. Others have some pharmacological properties that resemble antidepressant drugs.

L175 ANSWER 9 OF 17 DRUGU COPYRIGHT 2003 THOMSON DERWENT
ACCESSION NUMBER: 2002-28793 DRUGU T
TITLE: Clinically significant drug **interactions** with antidepressants in the elderly.
AUTHOR: Spina E; Scordo M G
CORPORATE SOURCE: Univ.Messina
LOCATION: Messina, It.
SOURCE: Drugs Aging (19, No. 4, 299-320, 2002) 1 Fig. 4 Tab. 166 Ref.
CODEN: DRAGE ISSN: 1170-229X
AVAIL. OF DOC.: Dept. of Clin. and Exp. Med. and Pharm., Section of Pharm., University of Messina, Policlinico Universitario, Via Consolare Valeria, 98125 Messina, Italy. (e-mail: espina@www.unime.it).
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB Clinically significant drug **interactions** with antidepressants (ADs) in the elderly are reviewed. Pharmacological treatment of depression in the elderly is described. Types of antidepressant drug **interactions** are considered. Factors predisposing elderly patients to antidepressant drug **interactions** are evaluated. The **interaction** potential of selected ADs in the elderly are all discussed with reference to tricyclic ADs (TCAs), MAO inhibitors (MAOIs), selective serotonin reuptake inhibitors (SSRIs), and other ADs (mianserin, trazodone, nefazodone, venlafaxine, mirtazapine, amfebutamone (bupropion), **reboxetine** and St. John's Wort).

L175 ANSWER 10 OF 17 DRUGU COPYRIGHT 2003 THOMSON DERWENT
ACCESSION NUMBER: 2002-37680 DRUGU P

TITLE: **Interactions** between psychotropics, anaesthetics and electroconvulsive therapy. Implications for drug choice and patient management.
AUTHOR: Naguib M; Koorn R
CORPORATE SOURCE: Univ.Iowa
LOCATION: Iowa City, Iowa, USA
SOURCE: CNS Drugs (16, No. 4, 229-47, 2002) 1 Tab. 196 Ref. ISSN: 1172-7047
AVAIL. OF DOC.: Department of Anesthesia, University of Iowa College of Medicine, 200 Hawkins Drive, Iowa City, IA 6JCPIA 52242-1009, U.S.A. (e-mail: mohamed-naguib@uiowa.edu).
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB **Interactions** between psychotropics and general anesthetics and electroconvulsive therapy are reviewed. Topics discussed are electroconvulsive therapy, anesthesia considerations, drug **interactions**, classification of psychotropic drugs, and **interactions** between antidepressants, anticonvulsants, antipsychotics, anxiolytics, CNS stimulants, Ca2+ antagonists, beta blockers, hormones, and dopamine antagonists. Anesthesiologists should be vigilant at all times due to sudden **interactions** between psychotropics, anesthetics and or electroconvulsive therapy.

L175 ANSWER 11 OF 17 DRUGU COPYRIGHT 2003 THOMSON DERWENT
ACCESSION NUMBER: 2002-27377 DRUGU T S
TITLE: Comparison and criteria for choice of selective serotonin reuptake inhibitor.
AUTHOR: Dulin R; Silberstein N; Bonnin M; Saux M C
LOCATION: Pessac, Fr.
SOURCE: J.Pharm.Clin. (21, No. 1, 39-46, 2002) 5 Fig. 4 Tab. 48 Ref.
CODEN: JPCLDE ISSN: 0291-1981
AVAIL. OF DOC.: Pharmacie de l'hopital Haut-Leveque, avenue de Magellan, 33600 Pessac, France. (e-mail: jrdulin@compaqnet.fr).
LANGUAGE: French
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB Differences between the selective serotonin reuptake inhibitors (SSRI) and guidelines for the choice of agent for treatment of depression are reviewed. SSRI have high selectivity for inhibition of 5-HT uptake compared with monoamine reuptake inhibitors venlafaxine, milnacipran, noradrenaline (NA) reuptake inhibitor **reboxetine**, MAO inhibitors and alpha2 antagonists (mirtazapine). Sertraline (SE) is the most potent SSRI, paroxetine (PX) the most potent inhibitor of NA uptake and citalopram (CI) the most selective. Metabolic differences include 1st pass effects for fluoxetine (FL), fluvoxamine and PX. Side-effects (GI and sexual disorders), a mild withdrawal syndrome and drug-**interactions** may occur.

L175 ANSWER 12 OF 17 DRUGU COPYRIGHT 2003 THOMSON DERWENT
ACCESSION NUMBER: 2001-06159 DRUGU T
TITLE: Psychopharmacologic treatment strategies for depression, bipolar disorder, and schizophrenia.
AUTHOR: Glick I D; Suppes T; DeBattista C; Hu R J; Marder S
CORPORATE SOURCE: Univ.Stanford; Univ.Texas-Southwestern; Univ.California
LOCATION: Dallas, Tex.; Stanford; Los Angeles, Cal., USA
SOURCE: Ann.Intern.Med. (134, No. 1, 47-60, 2001) 5 Fig. 2 Tab. 75 Ref.
CODEN: AIMEAS ISSN: 0003-4819
AVAIL. OF DOC.: Stanford University School of Medicine, 401 Quarry Road, Suite 2122, Stanford, CA 94305-5723, U.S.A.

LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB Psychopharmacologic treatment strategies for depression, bipolar disorder, and schizophrenia are reviewed. Current definitions, updated diagnostic criteria, short- and long-term treatment strategies with algorithms, and special challenges for the clinician are discussed for each of these illnesses. Antidepressants, typical and atypical antipsychotics and mood stabilizers are discussed. Current research in psychopharmacology has allowed great progress in developing rational treatment strategies that are based on controlled studies rather than theoretical biases.

L175 ANSWER 13 OF 17 DRUGU COPYRIGHT 2003 THOMSON DERWENT
ACCESSION NUMBER: 2001-06850 DRUGU T S
TITLE: New antidepressant drugs: spectrum and clinical relevance of side-effects.
AUTHOR: Von Degner D; Grohmann R; Bleich S; Ruether E
CORPORATE SOURCE: Univ.Gottingen
LOCATION: Gottingen, Ger.
SOURCE: Muench.Med.Wochenschr. (142, No. 49-50, 35-40, 2000) 4 Tab.
CODEN: MMWOAU ISSN: 0341-3098
AVAIL. OF DOC.: Klinik fuer Psychiatrie und Psychotherapie der Georg-August-Universitaet Gottingen, v.-Siebold-Str. 5, D-37075 Gottingen, Germany.
LANGUAGE: German
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB The spectrum and clinical relevance of side-effects of new antidepressant drugs is reviewed with reference to citalopram, fluoxetine, paroxetine, sertraline, tranylcypromamine, bromazepam, venlafaxine, **reboxetine**, mirtazapine, nefazodone, alprazolam, haloperidol, amitriptyline, desipramine, imipramine, cloimpramine, diazepam and **clozapine**. **Interactions** with erythromycin, clarithromycin, propranolol, metoprolol, nifedipine and verapamil are also discussed.

L175 ANSWER 14 OF 17 DRUGU COPYRIGHT 2003 THOMSON DERWENT
ACCESSION NUMBER: 2001-02508 DRUGU T
TITLE: Polypragmatic therapy of severe depression and schizophrenia can be effective and safe.
AUTHOR: Koch H J; Szecsey A; Raschka C; Klein H
CORPORATE SOURCE: Univ.Regensburg; Univ.Frankfurt
LOCATION: Regensburg; Frankfurt, Ger.
SOURCE: Eur.J.Clin.Pharmacol. (56, No. 6-7, A10, 2000)
CODEN: EJCPAS ISSN: 0031-6970
AVAIL. OF DOC.: Psychiatric University Clinic, Universitaetsstr. 84, 93053 Regensburg, Germany.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AB 2 Case histories are presented of patients in whom polypragmatic treatment with citalopram, amitriptylinoxide, **reboxetine**, olanzapine and lithium in 1 case of psychotic depression and with depot haloperidol injections, p.o. haloperidol and **clozapine** in the other patient with paranoid schizophrenia, prevented the need for further hospital treatment after an initial hospital admission. There were no adverse effects. It was concluded that polypragmatic treatment, particularly **combinations** of haloperidol and **clozapine** , can be safe, if the patient is regularly examined by a psychiatrist.

(conference abstract: 2nd Joint Meeting of the German Clinical Pharmacologists, Berlin, Germany, 2000).

L175 ANSWER 15 OF 17 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
ACCESSION NUMBER: 2002:22922 BIOSIS
DOCUMENT NUMBER: PREV200200022922
TITLE: **Combined** treatment with **reboxetine** and antipsychotic drugs on amphetamine-induced locomotion and striatal fos expression.
AUTHOR(S): Zanni, M. (1); Giuliani, A.; Battaglia, A.; Calza, L.; Giardino, L.
CORPORATE SOURCE: (1) Pathophysiol Center NS, Hesperia Hosp, Modena Italy
SOURCE: Society for Neuroscience Abstracts, (2001) Vol. 27, No. 2, pp. 2586. print.
Meeting Info.: 31st Annual Meeting of the Society for Neuroscience San Diego, California, USA November 10-15, 2001
ISSN: 0190-5295.
DOCUMENT TYPE: Conference
LANGUAGE: English
AB **Combining** antidepressant and antipsychotic drugs may be a strategy to improve therapeutic effects on negative symptoms in schizophrenic patients. Moreover, there is recognition that the cognitive symptoms of schizophrenia have the most substantial impact on illness outcome. The involvement of noradrenergic functions in the cognitive impairment associated with schizophrenia has not been as intensively considered. In this study we have investigated the effect of chronic treatment with the selective noradrenaline reuptake inhibitor **reboxetine** (10mg/kg, os, 28 days), alone, and **combined** to the atypical antipsychotic drug **clozapine** (30mg/kg, os, 28 days) on behavioral tests and genomic (fos and jun) parameters in adult male rats (Sprague-Dawley strain). **Reboxetine** treatment reduces spontaneous activity in new environment compared to control animals. Increase in locomotion induced by acute amphetamine (1mg/kg, ip) is also lower in **reboxetine**-treated rats. **Clozapine** also decreases spontaneous and amphetamine-induced locomotion and **combined** treatment (**clozapine**+**reboxetine**) potentates this effect. We then investigated fos and jun mRNA expression in prefrontal cortex after acute amphetamine administration in **reboxetine**, **clozapine**, and **reboxetine**+**clozapine**-treated rats. Both treatments are effective in preventing amphetamine-induced up-regulation of fos and jun mRNA in prefrontal cortex. This study support the rationale in using selective noradrenaline-uptake inhibitors as an adjunct to conventional antipsychotic treatment of schizophrenia.

L175 ANSWER 16 OF 17 SCISEARCH COPYRIGHT 2003 THOMSON ISI
ACCESSION NUMBER: 2002:863192 SCISEARCH
THE GENUINE ARTICLE: 604DG
TITLE: Noradrenaline reuptake inhibition enhances the antipsychotic-like effect of raclopride and potentiates D-2-blockage-induced dopamine release in the medial prefrontal cortex of the rat
AUTHOR: Linner L; Wiker C; Wadenberg M L; Schalling M; Svensson T H (Reprint)
CORPORATE SOURCE: Karolinska Inst, Sect Neuropsychopharmacol, Dept Physiol & Pharmacol, Nanna Svartz Vag 2, S-17177 Stockholm, Sweden (Reprint); Karolinska Inst, Sect Neuropsychopharmacol, Dept Physiol & Pharmacol, S-17177 Stockholm, Sweden; Karolinska Inst, Neurogenerat Unit, Dept Mol Med, S-17177 Stockholm, Sweden
COUNTRY OF AUTHOR: Sweden
SOURCE: NEUROPSYCHOPHARMACOLOGY, (NOV 2002) Vol. 27, No. 5, pp.

691-698.
Publisher: ELSEVIER SCIENCE INC, 360 PARK AVE SOUTH, NEW YORK, NY 10010-1710 USA.
ISSN: 0893-133X.
DOCUMENT TYPE: Article; Journal
LANGUAGE: English
REFERENCE COUNT: 46

ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS

AB We have previously observed that addition of an alpha(2)-adrenoceptor antagonist to a selective dopamine (DA) D-2 receptor antagonist enhances the antipsychotic-like effect of the D-2 blocker and also selectively increases DA output in the medial prefrontal cortex (mPFC) in rats. These data also correlate well with previous clinical trials showing augmentation by an equivalent drug **combination** in schizophrenia. Since the selective noradrenaline reuptake inhibitor **reboxetine** was found to cause similar effects on the mesolimbocortical DA system as alpha(2)-adrenoceptor antagonists, the present study was undertaken to explore whether also **reboxetine** might augment the effect of the DA D-2 receptor antagonist raclopride in the same preclinical model of antipsychotic activity, the conditioned avoidance response (CAR) test. We also investigated the effect of this **combination** in the catalepsy test for extrapyramidal side effect liability, as well as on DA output in the mPFC and the nucleus accumbens, respectively. **Reboxetine** (6 mg/kg, i.p.) significantly enhanced the suppressant effect of raclopride (0.1 mg/kg, s.c.) on CAR without affecting catalepsy. Administration of raclopride (0.1 mg/kg, s.c.) to rats pretreated with **reboxetine** (6 mg/kg, i.p.) resulted in a greatly enhanced effect on DA output in the mPFC but not in the nucleus accumbens when compared with raclopride alone. Consequently, these results suggest that noradrenaline reuptake inhibition may provide means of augmenting the efficacy of classical D-2-antagonists in the treatment of schizophrenia, and, in principle, to generate an atypical antipsychotic drug profile. (C) 2002 American College of Neuropsychopharmacology. Published by Elsevier Science Inc.

L175 ANSWER 17 OF 17 WPIDS (C) 2003 THOMSON DERWENT
ACCESSION NUMBER: 2003-183959 [18] WPIDS
DOC. NO. CPI: C2003-048445
TITLE: Use of cyclooxygenase-2 inhibitor in the preparation of a medicament for treating psychiatric disorders e.g. schizophrenia.
DERWENT CLASS: B05
INVENTOR(S): MUELLER, N
PATENT ASSIGNEE(S): (MUEL-I) MUELLER N
COUNTRY COUNT: 100
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
WO 2002102297	A2	20021227	(200318)*	EN	29

RW: AT BE CH CY DE DK EA ES FI FR GB GH GM GR IE IT KE LS LU MC MW MZ NL OA PT SD SE SL SZ TR TZ UG ZM ZW
W: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CO CR CU CZ DE DK DM DZ EC EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ OM PH PL PT RO RU SD SE SG SI SK SL TJ TM TN TR TT TZ UA UG US UZ VN YU ZA ZM ZW

DE 10129320 A1 20030410 (200325)

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE

WO 2002102297 A2 WO 2002-EP6013 20020531
DE 10129320 A1 DE 2001-10129320 20010619

PRIORITY APPLN. INFO: US 2002-364904P 20020314; DE 2001-10129320 20010619

AB WO2002102297 A UPAB: 20030317
NOVELTY - In the preparation of a medicament for treating psychiatric disorders, cyclooxygenase-2 (COX-2) inhibitor is used.

DETAILED DESCRIPTION - An INDEPENDENT CLAIM is included for new kit-of-parts comprising a first dosage form containing neuroleptic drug or an antidepressant and a second dosage form containing a COX-2 inhibitor for simultaneous, simultaneously or sequential administration.

ACTIVITY - Neuroleptic; Antidepressant; Nootropic; Antimanic.

MECHANISM OF ACTION - COX-2 inhibitor.

USE - The COX-2 inhibitor is used for treating psychiatric disorders such as schizophrenia, delusional disorders, affective disorder, autism, tic disorder, chronic schizophrenic psychoses, schizoaffective psychoses, temporary acute psychotic disorder, depressive episodes, recurring depressive episodes, manic episodes and bipolar affective disorder (claimed).

ADVANTAGE - The COX-2 inhibitors prevents or reduces inflammation while avoiding harmful side effects associated with the inhibition of COX-1 such as gastrointestinal and renal side effects as well as inhibition of thrombocyte aggregation.

Dwg.0/5

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=> fil medl; d que l180
FILE 'MEDLINE' ENTERED AT 11:47:11 ON 19 JUN 2003

 FILE LAST UPDATED: 18 JUN 2003 (20030618/UP).  FILE COVERS 1958 TO DATE.

 On April 13, 2003, MEDLINE was reloaded.  See HELP RLOAD for details.

 MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the
 MeSH 2003 vocabulary.  See http://www.nlm.nih.gov/mesh/changes2003.html
 for a description on changes.

 This file contains CAS Registry Numbers for easy and accurate
 substance identification.
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generic search

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L2            74 SEA FILE=MEDLINE ABB=ON  TANDAMIN# OR PIRANDAMIN# OR CICLAZINDO
                 L# OR FLUPAROXAN# OR LORTALAMIN#
L3            31 SEA FILE=MEDLINE ABB=ON  TALSUPRAM# OR LU(W)(5003 OR 5 003) OR
                 LU5 003 OR TALOPRAM#
L4           138 SEA FILE=MEDLINE ABB=ON  PRINDAMINE# OR LU(W)(3049 OR 3 049)
                 OR LU3 049 OR TOMOXETIN# OR DULOXETIN#
L5            13 SEA FILE=MEDLINE ABB=ON  LY139603 OR LY(W)(139603 OR 248686 OR
                 227942) OR LY248686 OR LY227942
L6           946 SEA FILE=MEDLINE ABB=ON  VENLAFAXIN# OR WY45030 OR WY 45030 OR
                 MILNACIPRAN#
L7           204 SEA FILE=MEDLINE ABB=ON  REBOXETIN#
L8          1149 SEA FILE=MEDLINE ABB=ON  NOMIFENSINE/CT OR VILOXAZINE/CT
L10        23553 SEA FILE=MEDLINE ABB=ON  CHLORPROMAZINE/CT OR HALOPERIDOL/CT
                 OR PERPHENAZINE/CT OR THIORIDAZINE/CT
L11         4954 SEA FILE=MEDLINE ABB=ON  MESORIDAZINE/CT OR TRIFLUOPERAZINE/CT
                 OR FLUPHENAZINE/CT
L12         3907 SEA FILE=MEDLINE ABB=ON  CLOZAPINE/CT
L13         1666 SEA FILE=MEDLINE ABB=ON  OLANZAPIN# OR LY170053 OR LY 170053
L14         2557 SEA FILE=MEDLINE ABB=ON  RISPERIDONE/CT OR RACLOPRIDE/CT
L15          258 SEA FILE=MEDLINE ABB=ON  ZIPRASIDONE# OR CP88059 OR CP 88059
                 OR PEROSPIRON# OR SM 9018 OR SM9018
L16          173 SEA FILE=MEDLINE ABB=ON  ZOTEPIN# OR DU127090 OR DU 127090 OR
                 ORG5222 OR ORG 5222 OR SM13496 OR SM 13496
L17          337 SEA FILE=MEDLINE ABB=ON  AMISULPRID# OR SULTOPRID# OR DAN2163
                 OR DAN 2163 OR LIN1418 OR LIN 1418
L18            0 SEA FILE=MEDLINE ABB=ON  CP361428 OR CP 261428 OR LU(W)(35 138
                 OR 35138) OR LU35 138 OR LU35138
L19            4 SEA FILE=MEDLINE ABB=ON  BALAPERIDON# OR S18327 OR S 18327 OR
                 WAY135452 OR WAY 135452 OR EPLIVANSERIN#
L20          437 SEA FILE=MEDLINE ABB=ON  SR(W)(142801 OR 141716 OR 48692) OR
                 SR142801 OR SR141716 OR SR48692
L21            0 SEA FILE=MEDLINE ABB=ON  BSF(W)(201640 OR 190555) OR BSF201640
                 OR BSF190555 OR LAX101# OR LAX 101#
L22           16 SEA FILE=MEDLINE ABB=ON  SARIZOTAN# OR CX691 OR CX 691 OR
                 EMD128130 OR EMD 128130 OR SB271046 OR SB 271046
L27        35476 SEA FILE=MEDLINE ABB=ON  DRUG COMBINATIONS/CT
L28        71360 SEA FILE=MEDLINE ABB=ON  DRUG THERAPY, COMBINATION/CT
L35       632395 SEA FILE=MEDLINE ABB=ON  CENTRAL NERVOUS SYSTEM DISEASES+NT/CT

L180           1 SEA FILE=MEDLINE ABB=ON  (L2 OR L3 OR L4 OR L5 OR L6 OR L7 OR
                 L8) AND (L10 OR L11 OR L12 OR L13 OR L14 OR L15 OR L16 OR L17
                 OR L18 OR L19 OR L20 OR L21 OR L22) AND (L27 OR L28) AND L35


=> d que l184
L2            74 SEA FILE=MEDLINE ABB=ON  TANDAMIN# OR PIRANDAMIN# OR CICLAZINDO
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                L# OR FLUPAROXAN# OR LORTALAMIN#
L3            31 SEA FILE=MEDLINE ABB=ON  TALSUPRAM# OR LU(W)(5003 OR 5 003) OR
                LU5 003 OR TALOPRAM#
L4           138 SEA FILE=MEDLINE ABB=ON  PRINDAMINE# OR LU(W)(3049 OR 3 049)
                OR LU3 049 OR TOMOXETIN# OR DULOXETIN#
L5            13 SEA FILE=MEDLINE ABB=ON  LY139603 OR LY(W)(139603 OR 248686 OR
                227942) OR LY248686 OR LY227942
L6           946 SEA FILE=MEDLINE ABB=ON  VENLAFAXIN# OR WY45030 OR WY 45030 OR
                MILNACIPRAN#
L7           204 SEA FILE=MEDLINE ABB=ON  REBOXETIN#
L8          1149 SEA FILE=MEDLINE ABB=ON  NOMIFENSINE/CT OR VILOXAZINE/CT
L10        23553 SEA FILE=MEDLINE ABB=ON  CHLORPROMAZINE/CT OR HALOPERIDOL/CT
                OR PERPHENAZINE/CT OR THIORIDAZINE/CT
L11         4954 SEA FILE=MEDLINE ABB=ON  MESORIDAZINE/CT OR TRIFLUOPERAZINE/CT
                OR FLUPHENAZINE/CT
L12         3907 SEA FILE=MEDLINE ABB=ON  CLOZAPINE/CT
L13         1666 SEA FILE=MEDLINE ABB=ON  OLANZAPIN# OR LY170053 OR LY 170053
L14         2557 SEA FILE=MEDLINE ABB=ON  RISPERIDONE/CT OR RACLOPRIDE/CT
L15          258 SEA FILE=MEDLINE ABB=ON  ZIPRASIDONE# OR CP88059 OR CP 88059
                OR PEROSPIRON# OR SM 9018 OR SM9018
L16          173 SEA FILE=MEDLINE ABB=ON  ZOTEPIN# OR DU127090 OR DU 127090 OR
                ORG5222 OR ORG 5222 OR SM13496 OR SM 13496
L17          337 SEA FILE=MEDLINE ABB=ON  AMISULPRID# OR SULTOPRID# OR DAN2163
                OR DAN 2163 OR LIN1418 OR LIN 1418
L18            0 SEA FILE=MEDLINE ABB=ON  CP361428 OR CP 261428 OR LU(W)(35 138
                OR 35138) OR LU35 138 OR LU35138
L19            4 SEA FILE=MEDLINE ABB=ON  BALAPERIDON# OR S18327 OR S 18327 OR
                WAY135452 OR WAY 135452 OR EPLIVANSERIN#
L20          437 SEA FILE=MEDLINE ABB=ON  SR(W)(142801 OR 141716 OR 48692) OR
                SR142801 OR SR141716 OR SR48692
L21            0 SEA FILE=MEDLINE ABB=ON  BSF(W)(201640 OR 190555) OR BSF201640
                OR BSF190555 OR LAX101# OR LAX 101#
L22           16 SEA FILE=MEDLINE ABB=ON  SARIZOTAN# OR CX691 OR CX 691 OR
                EMD128130 OR EMD 128130 OR SB271046 OR SB 271046
L27        35476 SEA FILE=MEDLINE ABB=ON  DRUG COMBINATIONS/CT
L28        71360 SEA FILE=MEDLINE ABB=ON  DRUG THERAPY, COMBINATION/CT
L34       569073 SEA FILE=MEDLINE ABB=ON  MENTAL DISORDERS+NT/CT
L182       84589 SEA FILE=MEDLINE ABB=ON  L34(L)(DT OR PC)/CT - Subheadings
L184           8 SEA FILE=MEDLINE ABB=ON  (L2 OR L3 OR L4 OR L5 OR L6 OR L7 OR
                L8) AND (L10 OR L11 OR L12 OR L13 OR L14 OR L15 OR L16 OR L17
                OR L18 OR L19 OR L20 OR L21 OR L22) AND (L27 OR L28) AND
                L182/MAJ
```

DT = drug therapy
PC = prevention & control

```
=> s (l184 or l180) not l30
L185           9 (L184 OR L180) NOT L30
```

previously printed

```
=> fil capl; d que l181; s l181 not l101
FILE 'CAPLUS' ENTERED AT 11:49:17 ON 19 JUN 2003
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
PLEASE SEE "HELP USAGETERMS" FOR DETAILS.
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```

FILE COVERS 1907 - 19 Jun 2003 VOL 138 ISS 25
FILE LAST UPDATED: 18 Jun 2003 (20030618/ED)

This file contains CAS Registry Numbers for easy and accurate substance identification.

L38	2	SEA	FILE=REGISTRY	ABB=ON	TANDAMINE?/CN
L39	2	SEA	FILE=REGISTRY	ABB=ON	PIRANDAMINE?/CN
L40	2	SEA	FILE=REGISTRY	ABB=ON	CICLAZINDOL?/CN
L41	2	SEA	FILE=REGISTRY	ABB=ON	FLUPAROXAN?/CN
L42	3	SEA	FILE=REGISTRY	ABB=ON	LORTALAMINE?/CN
L43	2	SEA	FILE=REGISTRY	ABB=ON	TALSUPRAM?/CN
L44	2	SEA	FILE=REGISTRY	ABB=ON	TALOPRAM?/CN
L45	1	SEA	FILE=REGISTRY	ABB=ON	PRINDAMINE/CN
L46	6	SEA	FILE=REGISTRY	ABB=ON	NOMIFENSINE?/CN
L47	2	SEA	FILE=REGISTRY	ABB=ON	VILOXAZINE?/CN
L48	2	SEA	FILE=REGISTRY	ABB=ON	TOMOXETINE?/CN
L49	3	SEA	FILE=REGISTRY	ABB=ON	DULOXETINE?/CN
L50	3	SEA	FILE=REGISTRY	ABB=ON	VENLAFAXINE?/CN
L51	2	SEA	FILE=REGISTRY	ABB=ON	MILNACIPRAN?/CN
L52	2	SEA	FILE=REGISTRY	ABB=ON	REBOXETINE?/CN
L53	34	SEA	FILE=REGISTRY	ABB=ON	CHLORPROMAZINE?/CN
L54	18	SEA	FILE=REGISTRY	ABB=ON	HALOPERIDOL?/CN
L55	18	SEA	FILE=REGISTRY	ABB=ON	PERPHENAZINE?/CN
L56	19	SEA	FILE=REGISTRY	ABB=ON	THIORIDAZINE?/CN
L57	5	SEA	FILE=REGISTRY	ABB=ON	MESORIDAZINE?/CN
L58	11	SEA	FILE=REGISTRY	ABB=ON	TRIFLUOPERAZINE?/CN
L59	23	SEA	FILE=REGISTRY	ABB=ON	FLUPHENAZINE?/CN
L60	2	SEA	FILE=REGISTRY	ABB=ON	OLANZAPINE?/CN
L61	1	SEA	FILE=REGISTRY	ABB=ON	RISPERIDONE?/CN
L62	6	SEA	FILE=REGISTRY	ABB=ON	ZIPRASIDONE?/CN
L63	2	SEA	FILE=REGISTRY	ABB=ON	QUETIAPINE?/CN
L64	1	SEA	FILE=REGISTRY	ABB=ON	SERTINDOLE?/CN
L65	1	SEA	FILE=REGISTRY	ABB=ON	ARIPIPRAZOLE?/CN
L66	2	SEA	FILE=REGISTRY	ABB=ON	SONEPIPRAZOLE?/CN
L67	1	SEA	FILE=REGISTRY	ABB=ON	BLONANSERIN?/CN
L68	1	SEA	FILE=REGISTRY	ABB=ON	ILOPERIDONE?/CN
L69	1	SEA	FILE=REGISTRY	ABB=ON	PEROSPIRONE?/CN
L70	3	SEA	FILE=REGISTRY	ABB=ON	RACLOPRIDE?/CN
L71	3	SEA	FILE=REGISTRY	ABB=ON	ZOTEPINE?/CN
L72	1	SEA	FILE=REGISTRY	ABB=ON	"DU 127090"/CN
L73	1	SEA	FILE=REGISTRY	ABB=ON	"ORG 5222"/CN
L74	1	SEA	FILE=REGISTRY	ABB=ON	"SM 13496"/CN
L75	1	SEA	FILE=REGISTRY	ABB=ON	AMISULPRIDE?/CN
L76	1	SEA	FILE=REGISTRY	ABB=ON	"CP 361428"/CN
L77	1	SEA	FILE=REGISTRY	ABB=ON	"LU 35-138"/CN
L78	1	SEA	FILE=REGISTRY	ABB=ON	BALAPERIDONE?/CN
L79	1	SEA	FILE=REGISTRY	ABB=ON	"S 18327"/CN
L80	1	SEA	FILE=REGISTRY	ABB=ON	"WAY 135452"/CN
L81	1	SEA	FILE=REGISTRY	ABB=ON	EPLIVANSERIN?/CN
L82	1	SEA	FILE=REGISTRY	ABB=ON	"E 5842"/CN
L83	1	SEA	FILE=REGISTRY	ABB=ON	"SR 31742"/CN
L84	1	SEA	FILE=REGISTRY	ABB=ON	"NE 100"/CN
L85	1	SEA	FILE=REGISTRY	ABB=ON	OSANETANT/CN
L86	1	SEA	FILE=REGISTRY	ABB=ON	"SR 141716"/CN
L87	1	SEA	FILE=REGISTRY	ABB=ON	"SR 48692"/CN
L88	1	SEA	FILE=REGISTRY	ABB=ON	"BSF 201640"/CN
L89	1	SEA	FILE=REGISTRY	ABB=ON	"BSF 190555"/CN
L90	1	SEA	FILE=REGISTRY	ABB=ON	"LAX 101A"/CN
L91	1	SEA	FILE=REGISTRY	ABB=ON	SARIZOTAN?/CN

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L92           1 SEA FILE=REGISTRY ABB=ON  "CX 691"/CN
L93           1 SEA FILE=REGISTRY ABB=ON  "SB 271046"/CN
L94           4 SEA FILE=REGISTRY ABB=ON  CLOZAPINE?/CN
L95         914 SEA FILE=CAPLUS ABB=ON  NOREPINEPHRINE(2A)?UPTAKE?(2A)INHIBITOR
                # OR NRI#
L96           1 SEA FILE=REGISTRY ABB=ON  NOREPINEPHRINE/CN
L97         278 SEA FILE=CAPLUS ABB=ON  L96(L)(UPTAKE OR REUPTAKE)(L)INHIBITOR#
                /OBI
L98       27695 SEA FILE=CAPLUS ABB=ON  DRUG INTERACTIONS+OLD,NT/CT
L99        1903 SEA FILE=CAPLUS ABB=ON  DRUG DELIVERY SYSTEMS+OLD/CT(L)COMBIN?

L102      18238 SEA FILE=CAPLUS ABB=ON  NEUROLEPTIC# OR ANTIPSYCHOTIC# OR ANTI
                PSYCHOTIC#
L103         29 SEA FILE=CAPLUS ABB=ON  (L98 OR L99) AND (L97 OR L95 OR (L38
                OR L39 OR L40 OR L41 OR L42 OR L43 OR L44 OR L45 OR L46 OR L47
                OR L48 OR L49 OR L50 OR L51 OR L52)) AND (L102 OR (L53 OR L54
                OR L55 OR L56 OR L57 OR L58 OR L59 OR L60 OR L61 OR L62 OR L63
                OR L64 OR L65 OR L66 OR L67 OR L68 OR L69 OR L70 OR L71 OR L72
                OR L73 OR L74 OR L75 OR L76 OR L77 OR L78 OR L79 OR L80 OR L81
                OR L82 OR L83 OR L84 OR L85 OR L86 OR L87 OR L88 OR L89 OR L90
                OR L91 OR L92 OR L93 OR L94))
L105       4108 SEA FILE=CAPLUS ABB=ON  NERVOUS SYSTEM(L)CENTRAL/OBI(L)(DISEASE
                # OR DISORDER#)
L181          1 SEA FILE=CAPLUS ABB=ON  L103 AND L105


L186          0 L181 NOT L101
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previously printed

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=> fil embase; d que l172
FILE 'EMBASE' ENTERED AT 11:49:29 ON 19 JUN 2003
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 FILE COVERS 1974 TO 12 Jun 2003 (20030612/ED)

 EMBASE has been reloaded. Enter HELP RLOAD for details.

 This file contains CAS Registry Numbers for easy and accurate
 substance identification.


L120        534 SEA FILE=EMBASE ABB=ON  REBOXETINE/CT
L121        568 SEA FILE=EMBASE ABB=ON  NORADRENALIN UPTAKE INHIBITOR/CT
L122        141 SEA FILE=EMBASE ABB=ON  TANDAMINE/CT OR PIRANDAMINE/CT OR
                CICLAZINDOL/CT OR FLUPAROXAN/CT  OR LARTALAMINE/CT
L123       3735 SEA FILE=EMBASE ABB=ON  TALSUPRAM/CT OR NOMIFENSINE/CT OR
                NOMIFENSINE MALEATE/CT OR VILOXAZINE/CT
L124       3170 SEA FILE=EMBASE ABB=ON  TOMOXETINE/CT OR DULOXETINE/CT OR
                DULOXETINE OXALATE/CT OR VENLAFAXINE/CT
L125        271 SEA FILE=EMBASE ABB=ON  MILNACIPRAN/CT
L127      10318 SEA FILE=EMBASE ABB=ON  CLOZAPINE/CT OR CLOZAPINE DERIVATIVE/CT

L128     106104 SEA FILE=EMBASE ABB=ON  NEUROLEPTIC AGENT+NT/CT
L129      24792 SEA FILE=EMBASE ABB=ON  CHLORPROMAZINE/CT OR CHLORPROMAZINE
                DERIVATIVE/CT
L130      30214 SEA FILE=EMBASE ABB=ON  HALOPERIDOL/CT OR HALOPERIDOL DECANOATE
                /CT
L131       3845 SEA FILE=EMBASE ABB=ON  PERPHENAZINE/CT OR PERPHENAZINE
                DECANOATE/CT OR PERPHENAZINE ENANTHATE/CT
L132       7824 SEA FILE=EMBASE ABB=ON  THIORIDAZINE/CT OR MESORIDAZINE/CT OR
                MESORIDAZINE BESYLATE/CT
L133       6733 SEA FILE=EMBASE ABB=ON  TRIFLUOPERAZINE/CT OR TRIFLUOPERAZINE
                DERIVATIVE/CT
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L134        6702 SEA FILE=EMBASE ABB=ON  FLUPHENAZINE/CT OR FLUPHENAZINE
                 DECANOATE/CT OR FLUPHENAZINE ENANTHATE/CT
L135        7601 SEA FILE=EMBASE ABB=ON  OLANZAPINE/CT OR RISPERIDONE/CT OR
                 ZIPRASIDONE/CT OR QUETIAPINE/CT OR SERTINDOLE/CT
L136         185 SEA FILE=EMBASE ABB=ON  ARIPIPRAZOLE/CT OR SONEPIPRAZOLE/CT OR
                 BLONANSERIN/CT OR ILOPERIDONE/CT
L137        2313 SEA FILE=EMBASE ABB=ON  PEROSPIRONE/CT OR RACLOPRIDE/CT OR
                 ZOTEPRINE/CT OR AMISULPRIDE/CT
L138         134 SEA FILE=EMBASE ABB=ON  EPLIVANSERIN/CT OR OSANETANT/CT
L145          10 SEA FILE=EMBASE ABB=ON  LORTALAMINE/CT
L146         502 SEA FILE=EMBASE ABB=ON  ZOTEPINE/CT
L147          57 SEA FILE=EMBASE ABB=ON  "2,3,3A,12B TETRAHYDRO 3 METHYL 1H .
                 DIBENZO(B,F)OXEPINO(10,11 C)PYRROLE"/CT
L148          16 SEA FILE=EMBASE ABB=ON  "4 (4 FLUOROPHENYL) 1,2,3,6 TETRAHYDRO
                 1 (4 (1,2,4 TRIAZOL 1 YL)BUTYL)PYRIDINE"/CT OR "E 5842"/CT
L149         100 SEA FILE=EMBASE ABB=ON  "2 (4 METHOXY 3 (2 PHENYLETHOXY)PHENYL)
                  N,N DIPROPYLETHYLAMINE"/CT
L150         817 SEA FILE=EMBASE ABB=ON  "5 (4 CHLOROPHENYL) 1 (2,4 DICHLOROPHEN
                 YL) 4 METHYL N (1 PIPERIDYL) 1H PYRAZOLE 3 CARBOXAMIDE"/CT OR
                 SR 141716/CT
L151         178 SEA FILE=EMBASE ABB=ON  "2 ((1 (7 CHLORO 4 QUINOLINYL) 5 (2,6
                 DIMETHOXYPHENYL) 3 PYRAZOLYL)CARBONYLAMINO) 2 ADAMANTANECARBOXY
                 LIC ACID"/CT
L154      568351 SEA FILE=EMBASE ABB=ON  CENTRAL NERVOUS SYSTEM DISEASE+NT/CT
L171         119 SEA FILE=EMBASE ABB=ON  ((L120 OR L121 OR L122 OR L123 OR L124
                 OR L125) OR L145)(L)CB/CT AND ((L127 OR L128 OR L129 OR L130
                 OR L131 OR L132 OR L133 OR L134 OR L135 OR L136 OR L137 OR
                 L138) OR (L146 OR L147 OR L148 OR L149 OR L150 OR L151))(L)CB/C
                 T
L172          15 SEA FILE=EMBASE ABB=ON  L171 AND L154


=> s l172 not l173
L187          15 L172 NOT L173

=> dup rem l185,l187
FILE 'MEDLINE' ENTERED AT 11:49:57 ON 19 JUN 2003

FILE 'EMBASE' ENTERED AT 11:49:57 ON 19 JUN 2003
COPYRIGHT (C) 2003 Elsevier Science B.V.  All rights reserved.
PROCESSING COMPLETED FOR L185
PROCESSING COMPLETED FOR L187
L188          23 DUP REM L185 L187 (1 DUPLICATE REMOVED)
                 ANSWERS '1-9' FROM FILE MEDLINE
                 ANSWERS '10-23' FROM FILE EMBASE

=> d iall 1-23; fil hom

L188 ANSWER 1 OF 23     MEDLINE                          DUPLICATE 1
ACCESSION NUMBER:    2001502545     MEDLINE
DOCUMENT NUMBER:     21436503   PubMed ID: 11552770
TITLE:               Reboxetine add on therapy to haloperidol in the
                     treatment of schizophrenia: a preliminary double-blind
                     randomized placebo-controlled study.
AUTHOR:              Schutz G; Berk M
CORPORATE SOURCE:    Department of Psychiatry, University of the Witwatersrand
                     Medical School, Johannesburg, South Africa.
SOURCE:              INTERNATIONAL CLINICAL PSYCHOPHARMACOLOGY, (2001 Sep) 16
                     (5) 275-8.
                     Journal code: 8609061. ISSN: 0268-1315.
PUB. COUNTRY:        England: United Kingdom
DOCUMENT TYPE:       (CLINICAL TRIAL)
                     Journal; Article; (JOURNAL ARTICLE)
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previously printed

Searched by Barb O'Bryen, STIC 308-4291

(RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200202
ENTRY DATE: Entered STN: 20010913
Last Updated on STN: 20020228
Entered Medline: 20020227

ABSTRACT:
The negative symptoms of schizophrenia remain a major clinical challenge. ***Reboxetine*** is an antidepressant whose major mechanism of action is as a noradrenergic reuptake inhibitor. This study was a 6-week randomized placebo-controlled trial of **reboxetine** or placebo add on to haloperidol 5 mg in the treatment of 30 patients with DSM-IV schizophrenia. The trial failed to demonstrate any significant difference between the placebo and **reboxetine** groups on any of the outcome measures. This trial does not suggest that increased noradreneregic drive mediated by reuptake inhibition in patients taking dopamine antagonists is of therapeutic value in schizophrenia.

CONTROLLED TERM: Check Tags: Comparative Study; Female; Human; Male
Adult
*Antidepressive Agents: AD, administration & dosage
Antidepressive Agents: AE, adverse effects
Chronic Disease
Depression: DI, diagnosis
*Depression: DT, drug therapy
Depression: PX, psychology
Double-Blind Method
Drug Therapy, Combination
***Haloperidol: AD, administration & dosage**
Haloperidol: AE, adverse effects
*Morpholines: AD, administration & dosage
Morpholines: AE, adverse effects
Psychiatric Status Rating Scales
Schizophrenia: DI, diagnosis
***Schizophrenia: DT, drug therapy**
*Schizophrenic Psychology
Treatment Outcome
CAS REGISTRY NO.: 52-86-8 (Haloperidol); **98769-81-4 (reboxetine)**
CHEMICAL NAME: 0 (Antidepressive Agents); 0 (Morpholines)

L188 ANSWER 2 OF 23 MEDLINE
ACCESSION NUMBER: 2002292391 MEDLINE
DOCUMENT NUMBER: 22028842 PubMed ID: 12032425
TITLE: Management of treatment resistant obsessive-compulsive disorder. Algorithms for pharmacotherapy.
AUTHOR: Albert U; Bergesio C; Pessina E; Maina G; Bogetto F
CORPORATE SOURCE: Anxiety and Mood Disorders Unit, Department of Neurosciences, University of Turin, Turin, Italy.
SOURCE: PANMINERVA MEDICA, (2002 Jun) 44 (2) 83-91. Ref: 83
Journal code: 0421110. ISSN: 0031-0808.
PUB. COUNTRY: Italy
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200208
ENTRY DATE: Entered STN: 20020529
Last Updated on STN: 20020820
Entered Medline: 20020819

ABSTRACT:
Treatment resistant OCD subjects, defined as those patients who undergo an adequate trial of SRI (clomipramine or SSRI) and do not respond or show

unsatisfactory results, account for 40-50% of all patients. Once the appropriateness of the trial has been assessed, several options exist for the clinicians. If clomipramine or citalopram have been used, an appropriate strategy consists in giving the same drug intravenously. Double-blind studies exist on the efficacy of clomipramine IV, while data are missing for citalopram. Another option that should be considered first, although data are scarce, is the addition of a cognitive behavioral therapy, when available, in the forms of exposure and response prevention. When such options are not suitable or available, augmentation of the ongoing SRI with another compound represents the preferable strategy. Double-blind, placebo-controlled studies have shown the efficacy of adding pindolol (7.5 mg/d), risperidone (2 mg/d) and ***olanzapine*** (5-10 mg/d). Other agents have been proposed, but data emerging from double-blind studies were negative or contradictory. Another option available is switching from CMI to SSRI, or vice versa, or from SSRI to SSRI. Data regarding such treatment strategy, however, are highly preliminary, based on a couple of open label reports and on studies performed in treatment resistant depression. An unresolved question is whether augmentation should be preferred to switching. No data exist in OCD; a practical approach would suggest augmentation first, considering that response should be obtained faster than by switching compound. When all the available and effective strategies prove uneffective, clinicians should consider switching the patient to other compounds in monotherapy, such as **venlafaxine**, sumatriptan, inositol, although research is strongly needed before conclusions on the efficacy of such compounds can be drawn.

CONTROLLED TERM: Check Tags: Human
Algorithms
Citalopram: AD, administration & dosage
Citalopram: TU, therapeutic use
Clomipramine: AD, administration & dosage
Clomipramine: TU, therapeutic use
Cognitive Therapy
Combined Modality Therapy
Dopamine Antagonists: AD, administration & dosage
Drug Resistance
Drug Therapy, Combination
***Obsessive-Compulsive Disorder: DT, drug therapy**
Obsessive-Compulsive Disorder: TH, therapy
Serotonin Uptake Inhibitors: AD, administration & dosage
Serotonin Uptake Inhibitors: TU, therapeutic use

CAS REGISTRY NO.: 303-49-1 (Clomipramine); 59729-33-8 (Citalopram)
CHEMICAL NAME: 0 (Dopamine Antagonists); 0 (Serotonin Uptake Inhibitors)

L188 ANSWER 3 OF 23 MEDLINE
ACCESSION NUMBER: 2001531958 MEDLINE
DOCUMENT NUMBER: 21462297 PubMed ID: 11579017
TITLE: Addition of **olanzapine** for treatment-resistant depression.
AUTHOR: Pitchot W; Ansseau M
SOURCE: AMERICAN JOURNAL OF PSYCHIATRY, (2001 Oct) 158 (10) 1737-8. Journal code: 0370512. ISSN: 0002-953X.
PUB. COUNTRY: United States
DOCUMENT TYPE: Letter
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 200111
ENTRY DATE: Entered STN: 20011002
Last Updated on STN: 20011105
Entered Medline: 20011101
CONTROLLED TERM: Check Tags: Case Report; Female; Human
Adult
*Antidepressive Agents, Second-Generation: TU, therapeutic use
*Antipsychotic Agents: TU, therapeutic use

*Cyclohexanols: TU, therapeutic use
***Depressive Disorder: DT, drug therapy**
Depressive Disorder: PX, psychology
Drug Therapy, Combination
Pirenzepine: AA, analogs & derivatives
*Pirenzepine: TU, therapeutic use
Treatment Outcome
CAS REGISTRY NO.: **132539-06-1 (olanzapine)**; 28797-61-7 (Pirenzepine); **93413-69-5 (venlafaxine)**.
CHEMICAL NAME: 0 (Antidepressive Agents, Second-Generation); 0 (Antipsychotic Agents); 0 (Cyclohexanols)

L188 ANSWER 4 OF 23 MEDLINE
ACCESSION NUMBER: 2000137547 MEDLINE
DOCUMENT NUMBER: 20137547 PubMed ID: 10675082
TITLE: Neuroleptic malignant syndrome after **venlafaxine**.
COMMENT: Comment in: Lancet. 2000 Jun 17;355(9221):2164-5
AUTHOR: Nimmagadda S R; Ryan D H; Atkin S L
SOURCE: LANCET, (2000 Jan 22) 355 (9200) 289-90.
Journal code: 2985213R. ISSN: 0140-6736.
PUB. COUNTRY: ENGLAND: United Kingdom
DOCUMENT TYPE: Letter
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 200003
ENTRY DATE: Entered STN: 20000320
Last Updated on STN: 20000928
Entered Medline: 20000309

ABSTRACT:
A patient developed neuroleptic malignant syndrome after a single dose of ***venlafaxine*** with trifluoperazine treatment. A dopamine-inhibition effect induced by one dose of **venlafaxine** may have augmented dopamine-receptor inhibition by trifluoperazine.
CONTROLLED TERM: Check Tags: Case Report; Human; Male
Adult
*Antidepressive Agents, Second-Generation: AE, adverse effects
Antidepressive Agents, Second-Generation: TU, therapeutic use
*Cyclohexanols: AE, adverse effects
Cyclohexanols: TU, therapeutic use
Dopamine Antagonists: TU, therapeutic use
Drug Interactions
Drug Therapy, Combination
***Neuroleptic Malignant Syndrome: ET, etiology**
Trifluoperazine: TU, therapeutic use
CAS REGISTRY NO.: 117-89-5 (Trifluoperazine); **93413-69-5 (venlafaxine)**
CHEMICAL NAME: 0 (Antidepressive Agents, Second-Generation); 0 (Cyclohexanols); 0 (Dopamine Antagonists)

L188 ANSWER 5 OF 23 MEDLINE
ACCESSION NUMBER: 2001094006 MEDLINE
DOCUMENT NUMBER: 21029896 PubMed ID: 11190762
TITLE: [Effective treatment of depressive disorder with psychotic symptoms by **olanzapine** combination therapy].
Die effektivere Behandlung einer depressiven Storung mit psychotischen Symptomen durch Kombination mit **Olanzapin**.
AUTHOR: Schmitt A; Braus D F
CORPORATE SOURCE: Zentralinstitut fur Seelische Gesundheit, J5, Mannheim..
dfbraus@as.200.zi-mannheim.de
SOURCE: DEUTSCHE MEDIZINISCHE WOCHENSCHRIFT, (2000 Dec 15) 125 (50)

1526-9.
Journal code: 0006723. ISSN: 0012-0472.
PUB. COUNTRY: Germany: Germany, Federal Republic of
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: German
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200101
ENTRY DATE: Entered STN: 20010322
Last Updated on STN: 20010322
Entered Medline: 20010125

ABSTRACT:
HISTORY AND ADMISSION FINDINGS: Four days after swallowing lithium and amitriptyline tablets with suicidal intent, a 48-year-old man was admitted. He was known to be suffering from recurrent depression which had led to 7 previous hospital admissions. At psychiatric assessment he appeared to be depressed with reduced ability of affective changes and impaired formal reasoning. He exhibited delusions of guilt and reference. His sleep was impaired and appetite diminished. INVESTIGATIONS: Serum lithium level was 1.98 mmol/l (therapeutic range 0.8-1.0 mmol/l). An ECG demonstrated sinus tachycardia, the EEG showed theta waves with mild general changes. DIAGNOSIS, TREATMENT AND COURSE: He was diagnosed as suffering from severe depressive syndrome with psychotic symptoms. He was given both antidepressive and neuroleptic drugs: mirtazapine 30 mg daily (p.d.) and halperidol 10 mg p.d.. When both the depressive and psychotic symptoms were treatment-resistant, even after a change from mirtazapine to **venlafaxine** (300 mg p.d.), the drug regimen was changed to sertraline, 150 mg p.d., and **olanzapine**, 20 mg p.d..
While this brought about improvement, his condition deteriorated when ***olanzapine*** was withdrawn. But all symptoms completely disappeared when ***olanzapine*** was again given. Spontaneous remission in the future thus seems unlikely to occur. CONCLUSION: This case illustrates that the atypical antipsychotic drug **olanzapine** has some advantages over such typical antipsychotic drug **olanzapine** has some advantages over such typical antipsychotic medication as butyrophenone. The underlying mechanism for this greater efficacy is probably the difference in receptor-binding capacity between these drugs, the former inhibiting some serotonin receptors so that it is synergistic with antidepressives that inhibit serotonin transport.

CONTROLLED TERM: Check Tags: Case Report; Human; Male
*Antidepressive Agents, Second-Generation: AD, administration & dosage
Antidepressive Agents, Second-Generation: AE, adverse effects
*Antipsychotic Agents: AD, administration & dosage
Antipsychotic Agents: AE, adverse effects
Depression, Involutional: DI, diagnosis
***Depression, Involutional: DT, drug therapy**
Depression, Involutional: PX, psychology
Drug Therapy, Combination
English Abstract
Middle Age
*Pirenzepine: AD, administration & dosage
Pirenzepine: AE, adverse effects
*Pirenzepine: AA, analogs & derivatives
Psychotic Disorders: DI, diagnosis
***Psychotic Disorders: DT, drug therapy**
Psychotic Disorders: PX, psychology
*Sertraline: AD, administration & dosage
Sertraline: AE, adverse effects
Treatment Outcome
CAS REGISTRY NO.: **132539-06-1 (olanzapine)**; 28797-61-7 (Pirenzepine); 79617-96-2 (Sertraline)
CHEMICAL NAME: 0 (Antidepressive Agents, Second-Generation); 0 (Antipsychotic Agents)

L188 ANSWER 6 OF 23 MEDLINE
ACCESSION NUMBER: 84124386 MEDLINE
DOCUMENT NUMBER: 84124386 PubMed ID: 6666645
TITLE: Mixed anxiety/depressive illness in general practice. A therapeutic comparison of nomifensine with fluphenazine/nortriptyline.
AUTHOR: Valle-Jones J C; Craven J R; Wallis T D; Schiff A A
SOURCE: ACTA PSYCHIATRICA SCANDINAVICA, (1983 Dec) 68 (6) 494-500. Journal code: 0370364. ISSN: 0001-690X.
PUB. COUNTRY: Denmark
DOCUMENT TYPE: (CLINICAL TRIAL) Journal; Article; (JOURNAL ARTICLE) (RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 198402
ENTRY DATE: Entered STN: 19900319 Last Updated on STN: 19900319 Entered Medline: 19840229

ABSTRACT:
The effect of the dopamine agonist antidepressant drug, nomifensine, on mixed anxiety/depressive states in general practice was assessed by means of a double-blind comparison with a standard fluphenazine/nortriptyline preparation. 57 patients were randomly allocated to 4 weeks' treatment with either nomifensine 25-50 mg taken three times daily, or a tablet containing 1.5 mg fluphenazine with 30 mg nortriptyline (Motipress) taken once daily. The overall response to both treatments was satisfactory, but Motipress was significantly superior (P less than 0.01) to nomifensine in the relief of fatigue and loss of energy, irritability, poor concentration and difficulty in coping, and there was also evidence of greater relief of depressive symptoms. In mixed anxiety/depressive states in general practice, nomifensine offers no advantage over a simple one tablet daily Motipress regimen.

CONTROLLED TERM: Check Tags: Comparative Study; Female; Human; Male
Adolescent
Adult
Aged
***Anxiety Disorders: DT, drug therapy**
Anxiety Disorders: PX, psychology
***Depressive Disorder: DT, drug therapy**
Depressive Disorder: PX, psychology
Double-Blind Method
Drug Combinations: TU, therapeutic use
***Fluphenazine: TU, therapeutic use**
*Isoquinolines: TU, therapeutic use
Middle Age
***Nomifensine: TU, therapeutic use**
*Nortriptyline: TU, therapeutic use
Psychiatric Status Rating Scales

neuroleptic

NE uptake inhibitor

CAS REGISTRY NO.: 24526-64-5 (Nomifensine); 66555-51-9 (Motival); 69-23-8 (Fluphenazine); 72-69-5 (Nortriptyline)
CHEMICAL NAME: 0 (Drug Combinations); 0 (Isoquinolines)

L188 ANSWER 7 OF 23 MEDLINE
ACCESSION NUMBER: 81168674 MEDLINE
DOCUMENT NUMBER: 81168674 PubMed ID: 7012190
TITLE: Viloxazine and the depressed schizophrenic--methodological issues.
AUTHOR: Kurland A A; Nagaraju A
SOURCE: JOURNAL OF CLINICAL PHARMACOLOGY, (1981 Jan) 21 (1) 37-41. Journal code: 0366372. ISSN: 0091-2700.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL) Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 198106
ENTRY DATE: Entered STN: 19900316
Last Updated on STN: 19900316
Entered Medline: 19810613

ABSTRACT:
A pilot study of a small group of schizophrenic patients manifesting symptoms of a depressive nature was treated in a double-blind study in which viloxazine or a placebo was administered in combination with either chlorpromazine or haloperidol. There appeared to be no difference between the viloxazine-treated group and the placebo-treated group, although the study raised some question as to the adequacies of the dosage utilized since there was an absence of any apparent side effects. In view of these issues concerning the clinical merit of the combination, this obviously requires further investigation.

CONTROLLED TERM: Check Tags: Comparative Study; Human
Adult
Chlorpromazine: AD, administration & dosage
Clinical Trials
Depression: CO, complications
*Depression: DT, drug therapy
Double-Blind Method
Drug Therapy, Combination
Haloperidol: AD, administration & dosage
Middle Age
*Morpholines: AD, administration & dosage
Schizophrenia: CO, complications
***Schizophrenia: DT, drug therapy**
***Viloxazine: AD, administration & dosage**
CAS REGISTRY NO.: 46817-91-8 (Viloxazine); 50-53-3 (Chlorpromazine); 52-86-8 (Haloperidol)
CHEMICAL NAME: 0 (Morpholines)

L188 ANSWER 8 OF 23 MEDLINE
ACCESSION NUMBER: 77048336 MEDLINE
DOCUMENT NUMBER: 77048336 PubMed ID: 991806
TITLE: [Chemotherapy of melancholia by sequential neuroleptic-viloxazine association]. Chimiotherapie de la melancolie par l'association sequentielle neuroleptique-viloxazine.
AUTHOR: Brion S; Chevalier J F; Guerin R; Ginestet D
SOURCE: ENCEPHALE, (1976) 2 (3) 257-71.
Journal code: 7505643. ISSN: 0013-7006.
PUB. COUNTRY: France
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: French
FILE SEGMENT: Priority Journals
ENTRY MONTH: 197701
ENTRY DATE: Entered STN: 19900313
Last Updated on STN: 19900313
Entered Medline: 19770129

ABSTRACT:
Viloxazine administered as a unique antidepressant may in some cases cause an aggravation of anxiety and agitation or manic states. In order to control this effect, we thought of administering neuroleptics and anxiolytics: 1) Before Viloxazine for a few days. 2) Then during antidepressant treatment. The results were as follow: 1) Quick and efficient upon melancholic states in manic -- depressive psychoses. 2) Irregular and questionable upon other depressions.

CONTROLLED TERM: Check Tags: Case Report; Female; Human; Male
Adjustment Disorders: DT, drug therapy
Adult
Bipolar Disorder: DT, drug therapy
Chlorpromazine: AD, administration & dosage

Depression: DT, drug therapy
***Depression, Involutional: DT, drug therapy**
Drug Therapy, Combination
English Abstract
Haloperidol: AD, administration & dosage
Methotrimeprazine: AD, administration & dosage
Middle Age
*Morpholines: AD, administration & dosage
Sulpiride: AD, administration & dosage
*Tranquilizing Agents: AD, administration & dosage
***Viloxazine: AD, administration & dosage**
CAS REGISTRY NO.: 15676-16-1 (Sulpiride); 46817-91-8 (Viloxazine); 50-53-3 (Chlorpromazine); 52-86-8 (Haloperidol); 60-99-1 (Methotrimeprazine)
CHEMICAL NAME: 0 (Morpholines); 0 (Tranquilizing Agents)

L188 ANSWER 9 OF 23 MEDLINE
ACCESSION NUMBER: 92258631 MEDLINE
DOCUMENT NUMBER: 92258631 PubMed ID: 162677
TITLE: A placebo controlled trial of viloxazine with and without tranquillizers in depressive illness.
AUTHOR: Magnus R V
CORPORATE SOURCE: Rubery Hill Hospital, Birmingham, England.
SOURCE: JOURNAL OF INTERNATIONAL MEDICAL RESEARCH, (1975) 3 (3) 207-13.
Journal code: 0346411. ISSN: 0300-0605.
PUB. COUNTRY: ENGLAND: United Kingdom
DOCUMENT TYPE: (CLINICAL TRIAL)
(CONTROLLED CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199206
ENTRY DATE: Entered STN: 19920626
Last Updated on STN: 19960129
Entered Medline: 19920612

ABSTRACT:
Two double-blind four-way crossover studies are reported, comparing the antidepressant effect of 14-day courses of: viloxazine, viloxazine with a tranquillizer either perphenazine or diazepam or tranquillizer alone, against a placebo. In one study the antidepressant effect of viloxazine at a dose of 150 mg daily was statistically greater than that of placebo, whilst in the second study viloxazine was statistically superior to diazepam (15 mg daily). In depressed patients with a clear anxiety component, viloxazine alone seemed preferable to a combination with a tranquillizer as such a combination did not produce an enhanced clinical effect and the incidence of side-effects was possibly increased. Viloxazine was generally well tolerated and side-effects, when they occurred, were generally a mild upper gastro-intestinal disturbance.

CONTROLLED TERM: Check Tags: Comparative Study; Female; Human; Male
***Depressive Disorder: DT, drug therapy**
Diazepam: AE, adverse effects
*Diazepam: TU, therapeutic use
Double-Blind Method
Drug Therapy, Combination
Middle Age
Perphenazine: AE, adverse effects
***Perphenazine: TU, therapeutic use**
Placebos
Viloxazine: AE, adverse effects
***Viloxazine: TU, therapeutic use**
CAS REGISTRY NO.: 439-14-5 (Diazepam); 46817-91-8 (Viloxazine); 58-39-9 (Perphenazine)
CHEMICAL NAME: 0 (Placebos)

L188 ANSWER 10 OF 23 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2003167808 EMBASE
TITLE: Acute akinetic crisis with marked cognitive impairment due to valproate treatment.
AUTHOR: Rief A.; Hamelbeck B.; Pfuhlmann B.
CORPORATE SOURCE: A. Rief, Department of Psychiatry, Julius-Maximilians-Univ. of Wurzburg, Wurzburg, Germany
SOURCE: International Journal of Geriatric Psychiatry, (1 Apr 2003) 18/4 (356-357).
Refs: 5
ISSN: 0885-6230 CODEN: IJGPES
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Letter
FILE SEGMENT: 032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
008 Neurology and Neurosurgery
LANGUAGE: English

CONTROLLED TERM: Medical Descriptors:
*akinesia: SI, side effect
*cognitive defect: SI, side effect
human
case report
adult
female
extrapyramidal syndrome: SI, side effect
depression: DT, drug therapy
drug tolerability
dysarthria: SI, side effect
hypokinesia: SI, side effect
ataxia: SI, side effect
vascular lesion
motor dysfunction: SI, side effect
motor dysfunction: DT, drug therapy
drug dose regimen
rigor: SI, side effect
stupor: SI, side effect
somnolence: SI, side effect
rigidity
tremor: SI, side effect
drug blood level
disorientation: SI, side effect
perseveration
brain infarction
carotid artery obstruction
heart atrium fibrillation
hypertension
brain degeneration
side effect: SI, side effect
hyperammonemia: SI, side effect
letter
Drug Descriptors:
*valproic acid: AE, adverse drug reaction
*valproic acid: DO, drug dose
*valproic acid: DT, drug therapy
*valproic acid: CB, drug combination
*valproic acid: CR, drug concentration
lithium: AE, adverse drug reaction
lithium: DT, drug therapy
lithium: CB, drug combination
lithium: DO, drug dose

lithium: CR, drug concentration
mirtazapine: DT, drug therapy
mirtazapine: CB, drug combination
mirtazapine: AE, adverse drug reaction
reboxetine: DT, drug therapy
reboxetine: CB, drug combination
reboxetine: AE, adverse drug reaction
olanzapine: DT, drug therapy
olanzapine: CB, drug combination
olanzapine: AE, adverse drug reaction
psychotropic agent: DT, drug therapy
psychotropic agent: CB, drug combination
psychotropic agent: AE, adverse drug reaction
psychotropic agent: DO, drug dose
psychotropic agent: CR, drug concentration
amantadine: DT, drug therapy

CAS REGISTRY NO.: (valproic acid) 1069-66-5, 99-66-1; (lithium) 7439-93-2; (mirtazapine) 61337-67-5; (reboxetine) 98769-81-4, 98769-84-7; (olanzapine) 132539-06-1; (amantadine) 665-66-7, 768-94-5

L188 ANSWER 11 OF 23 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2003075193 EMBASE
TITLE: Pharmacologic management by clinical pharmacists of behavioral and psychological symptoms of dementia in nursing home residents: Results from a pilot study.
AUTHOR: Rojas-Fernandez C.H.; Eng M.; Allie N.D.
CORPORATE SOURCE: Dr. C.H. Rojas-Fernandez, Texas Tech Univ. Hlth. Sci. Center, Department of Pharmacy Practice, School of Pharmacy, 1300 Coulter, Amarillo, TX 79106-1712, United States. carlosr@cortex.ama.ttuhsc.edu
SOURCE: Pharmacotherapy, (1 Feb 2003) 23/2 (217-221).
Refs: 11
ISSN: 0277-0008 CODEN: PHPYDQ
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 008 Neurology and Neurosurgery
017 Public Health, Social Medicine and Epidemiology
020 Gerontology and Geriatrics
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ABSTRACT:

A pharmacist-based consulting service was developed for the pharmacologic management of behavioral and psychological symptoms of dementia (BPSD) in a nursing home setting. Patients were evaluated using the Behavioral Pathology in Alzheimer's Disease (BEHAVE-AD) rating scale, and pharmacotherapy was selected using a structured approach. Eleven patients were evaluated and treated with various psychotropic drugs. The most commonly administered drug was trazodone at a mean dosage of 70 mg/day (range 50-100 mg/day). Nine of the patients demonstrated satisfactory treatment responses as shown by a decreased BEHAVE-AD score of 30% or more (average BEHAVE-AD scores at baseline and 1 month after treatment were 13 .+-. 4 and 4 .+-. 3, respectively), and no clinical side effects were observed. The service was well received by the facility staff and primary care providers. These preliminary results suggest that pharmacists can play an important role in the pharmacotherapy of BPSD with positive clinical outcomes.

CONTROLLED TERM: Medical Descriptors:
***Alzheimer disease: DT, drug therapy**
*psychopharmacotherapy
pharmacist

behavior
nursing home
clinical practice
consultation
rating scale
treatment outcome
side effect: SI, side effect
practice guideline
algorithm
elderly care
drug effect
human
male
female
clinical article
aged
adult
article
Drug Descriptors:
*neuroleptic agent: AE, adverse drug reaction
***neuroleptic agent: CB, drug combination**
*neuroleptic agent: DT, drug therapy
trazodone: AE, adverse drug reaction
trazodone: CB, drug combination
trazodone: DT, drug therapy
venlafaxine: CB, drug combination
venlafaxine: DT, drug therapy
donepezil: DT, drug therapy
quetiapine: AE, adverse drug reaction
quetiapine: CB, drug combination
quetiapine: DT, drug therapy
sertraline: AE, adverse drug reaction
sertraline: CB, drug combination
sertraline: DT, drug therapy
finasteride: CB, drug combination
digoxin: CB, drug combination
glyceryl trinitrate: CB, drug combination
acetylsalicylic acid: CB, drug combination
multivitamin: CB, drug combination
calcium carbonate: CB, drug combination
celecoxib: CB, drug combination
diltiazem: CB, drug combination
atenolol: CB, drug combination
lisinopril: CB, drug combination
famotidine: CB, drug combination
spironolactone: CB, drug combination
torasemide: CB, drug combination
potassium chloride: CB, drug combination
alpha tocopherol: CB, drug combination
ferrous sulfate: CB, drug combination
bisacodyl: CB, drug combination
cyanocobalamin: CB, drug combination
lorazepam: CB, drug combination
nifedipine: CB, drug combination
hydrochlorothiazide: CB, drug combination
triamterene: CB, drug combination
amlodipine: CB, drug combination
unindexed drug

CAS REGISTRY NO.: (trazodone) 19794-93-5, 25332-39-2; (venlafaxine) 93413-69-5; (donepezil) 120011-70-3, 120014-06-4, 142057-77-0; (quetiapine) 111974-72-2; (sertraline) 79617-96-2; (finasteride) 98319-26-7; (digoxin) 20830-75-5, 57285-89-9; (glyceryl trinitrate) 55-63-0; (acetylsalicylic

acid) 493-53-8, 50-78-2, 53663-74-4, 53664-49-6, 63781-77-1; (calcium carbonate) 13397-26-7, 13701-58-1, 14791-73-2, 471-34-1; (celecoxib) 169590-42-5; (diltiazem) 33286-22-5, 42399-41-7; (atenolol) 29122-68-7; (lisinopril) 76547-98-3, 83915-83-7; (famotidine) 76824-35-6; (spironolactone) 52-01-7; (torasemide) 56211-40-6; (potassium chloride) 7447-40-7; (alpha tocopherol) 1406-18-4, 1406-70-8, 52225-20-4, 58-95-7, 59-02-9; (ferrous sulfate) 10028-21-4, 10124-49-9, 13463-43-9, 7720-78-7, 7782-63-0; (bisacodyl) 603-50-9; (cyanocobalamin) 53570-76-6, 68-19-9, 8064-09-3; (lorazepam) 846-49-1; (nifedipine) 21829-25-4; (hydrochlorothiazide) 58-93-5; (triamterene) 396-01-0; (amlodipine) 88150-42-9

CHEMICAL NAME: Aspirin

L188 ANSWER 12 OF 23 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2002444378 EMBASE
TITLE: Olanzapine and improvement of tardive dyskinesia.
AUTHOR: Kucerova H.
CORPORATE SOURCE: H. Kucerova, Hromuvka 1519, 753 01 Hranice na Morave, Czech Republic
SOURCE: European Psychiatry, (2002) 17/7 (421-424).
Refs: 3
ISSN: 0924-9338 CODEN: EUPSED
COUNTRY: France
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 008 Neurology and Neurosurgery
032 Psychiatry
037 Drug Literature Index
LANGUAGE: English

CONTROLLED TERM: Medical Descriptors:
***tardive dyskinesia: DT, drug therapy**
disease course
clinical feature
treatment outcome
follow up
mental hospital
bipolar disorder: DI, diagnosis
bipolar disorder: DT, drug therapy
hospitalization
depression: DT, drug therapy
mania: DT, drug therapy
sleep disorder: DT, drug therapy
human
male
female
case report
aged
adult
article
priority journal
Drug Descriptors:
*olanzapine: DT, drug therapy
dosulepin: CB, drug combination
dosulepin: DT, drug therapy
clomipramine: CB, drug combination
clomipramine: DT, drug therapy
maprotiline: CB, drug combination
maprotiline: DT, drug therapy
amitriptyline: CB, drug combination
amitriptyline: DT, drug therapy

viloxazine: CB, drug combination
viloxazine: DT, drug therapy
dibenzepin: CB, drug combination
dibenzepin: DT, drug therapy
fluoxetine: CB, drug combination
fluoxetine: DT, drug therapy
citalopram: CB, drug combination
citalopram: DT, drug therapy
imipramine: CB, drug combination
imipramine: DT, drug therapy
sertraline: CB, drug combination
sertraline: DT, drug therapy
mianserin: CB, drug combination
mianserin: DT, drug therapy
levomepromazine: CB, drug combination
levomepromazine: DT, drug therapy
fluphenazine: CB, drug combination
fluphenazine: DT, drug therapy
decanoic acid: CB, drug combination
decanoic acid: DT, drug therapy
thioridazine: CB, drug combination
thioridazine: DT, drug therapy
chlorprothixene: CB, drug combination
chlorprothixene: DT, drug therapy
chlorpromazine: CB, drug combination
chlorpromazine: DT, drug therapy
haloperidol: CB, drug combination
haloperidol: DT, drug therapy
risperidone: CB, drug combination
risperidone: DT, drug therapy
sulpiride: CB, drug combination
sulpiride: DT, drug therapy
anxiolytic agent: CB, drug combination
anxiolytic agent: DT, drug therapy
lithium: CB, drug combination
lithium: DT, drug therapy
carbamazepine: CB, drug combination
carbamazepine: DT, drug therapy
perphenazine: DT, drug therapy
oxyprothepine: DT, drug therapy
clorotepine: DT, drug therapy

CAS REGISTRY NO.: (olanzapine) 132539-06-1; (dosulepin) 113-53-1, 897-15-4; (clomipramine) 17321-77-6, 303-49-1; (maprotiline) 10262-69-8, 10347-81-6; (amitriptyline) 50-48-6, 549-18-8; (viloxazine) 35604-67-2, 46817-91-8; (dibenzepin) 315-80-0, 4498-32-2; (fluoxetine) 54910-89-3, 56296-78-7, 59333-67-4; (citalopram) 59729-33-8; (imipramine) 113-52-0, 50-49-7; (sertraline) 79617-96-2; (mianserin) 21535-47-7, 24219-97-4; (levomepromazine) 1236-99-3, 60-99-1, 7104-38-3; (fluphenazine) 146-56-5, 69-23-8; (decanoic acid) 334-48-5, 3398-75-2; (thioridazine) 130-61-0, 50-52-2; (chlorprothixene) 113-59-7, 6469-93-8; (chlorpromazine) 50-53-3, 69-09-0; (haloperidol) 52-86-8; (risperidone) 106266-06-2; (sulpiride) 15676-16-1; (lithium) 7439-93-2; (carbamazepine) 298-46-4, 8047-84-5; (perphenazine) 58-39-9; (oxyprothepine) 29604-16-8; (clorotepine) 13448-22-1

L188 ANSWER 13 OF 23 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2002438108 EMBASE
TITLE: Collegium Internationale Neuro-Psychopharmacologicum (C.I.N.P.) XXIIIrd Congress. Montreal, Canada, 23-27 June 2002.

AUTHOR: Pivac N.; Muck-Seler D.
CORPORATE SOURCE: Dr. N. Pivac, Rudjer Boskovic Institute, POBox 180, HR-10002 Zagreb, Croatia. npivac@rudjer.irb.hr
SOURCE: Psychiatria Danubina, (2002) 14/3-4 (231-242).
ISSN: 0353-5053 CODEN: PSYDEI
COUNTRY: Croatia
DOCUMENT TYPE: Journal; Conference Article
FILE SEGMENT: 008 Neurology and Neurosurgery
030 Pharmacology
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English

CONTROLLED TERM: Medical Descriptors:
*psychopharmacology
*mental disease: DT, drug therapy
neurobiology
depression: DT, drug therapy
apathy
schizophrenia
posttraumatic stress disorder: DT, drug therapy
panic
attention deficit disorder
alcoholism
Alzheimer disease: DT, drug therapy
bipolar disorder: DT, drug therapy
eating disorder: DT, drug therapy
suicide
smoking habit
lipid blood level
glucose blood level
cardiovascular effect
drug mechanism
headache: SI, side effect
nausea: SI, side effect
somnolence: SI, side effect
weight reduction
side effect: SI, side effect
backache: SI, side effect
insomnia: SI, side effect
diarrhea: SI, side effect
fatigue: SI, side effect
human
controlled study
conference paper
Drug Descriptors:
*neuroleptic agent: AE, adverse drug reaction
***neuroleptic agent: CB, drug combination**
*neuroleptic agent: DT, drug therapy
*neuroleptic agent: PD, pharmacology
antidepressant agent: AE, adverse drug reaction
antidepressant agent: CB, drug combination
antidepressant agent: DT, drug therapy
antidepressant agent: PD, pharmacology
serotonin uptake inhibitor: AE, adverse drug reaction
serotonin uptake inhibitor: CB, drug combination
serotonin uptake inhibitor: DT, drug therapy
serotonin uptake inhibitor: PD, pharmacology
atypical antipsychotic agent: CB, drug combination
atypical antipsychotic agent: DT, drug therapy
olanzapine: CB, drug combination
olanzapine: DT, drug therapy

corticotropin releasing factor antagonist: DT, drug therapy
venlafaxine: CB, drug combination
venlafaxine: DT, drug therapy
venlafaxine: PD, pharmacology
duloxetine: DT, drug therapy
duloxetine: PD, pharmacology
milnacipran: DT, drug therapy
milnacipran: PD, pharmacology
serotonin: EC, endogenous compound
noradrenalin: EC, endogenous compound
trazodone: DT, drug therapy
trazodone: PD, pharmacology
nefazodone: DT, drug therapy
nefazodone: PD, pharmacology
reboxetine: DT, drug therapy
reboxetine: PD, pharmacology
amfebutamone: CB, drug combination
amfebutamone: DT, drug therapy
amfebutamone: PD, pharmacology
monoamine oxidase inhibitor: DT, drug therapy
monoamine oxidase inhibitor: PD, pharmacology
mirtazapine: CB, drug combination
mirtazapine: DT, drug therapy
mirtazapine: PD, pharmacology
lithium: DT, drug therapy
lithium: PD, pharmacology
valproic acid: DT, drug therapy
valproic acid: PD, pharmacology
carbamazepine: DT, drug therapy
topiramate: AE, adverse drug reaction
topiramate: CB, drug combination
topiramate: DT, drug therapy
risperidone: AE, adverse drug reaction
risperidone: CB, drug combination
risperidone: DT, drug therapy
risperidone: PD, pharmacology
escitalopram: AE, adverse drug reaction
escitalopram: DT, drug therapy
escitalopram: PD, pharmacology
citalopram: DT, drug therapy
citalopram: PD, pharmacology
substance P antagonist: DT, drug therapy
substance P antagonist: PD, pharmacology
3 [3,5 bis(trifluoromethyl)benzyloxy] 2 phenylpiperidine: PD, pharmacology
vofopitant: PD, pharmacology
fluoxetine: DT, drug therapy
cholinesterase inhibitor: DT, drug therapy
cholinesterase inhibitor: PD, pharmacology
unindexed drug

CAS REGISTRY NO.: (olanzapine) 132539-06-1; (venlafaxine) 93413-69-5; (duloxetine) 116539-59-4, 136434-34-9; (milnacipran) 101152-94-7, 86181-08-0, 92623-85-3; (serotonin) 50-67-9; (noradrenalin) 1407-84-7, 51-41-2; (trazodone) 19794-93-5, 25332-39-2; (nefazodone) 82752-99-6, 83366-66-9; (reboxetine) 98769-81-4, 98769-84-7; (amfebutamone) 31677-93-7, 34911-55-2; (mirtazapine) 61337-67-5; (lithium) 7439-93-2; (valproic acid) 1069-66-5, 99-66-1; (carbamazepine) 298-46-4, 8047-84-5; (topiramate) 97240-79-4; (risperidone) 106266-06-2; (escitalopram) 128196-01-0, 219861-08-2; (citalopram) 59729-33-8; (3 [3,5 bis(trifluoromethyl)benzyloxy] 2 phenylpiperidine) 148700-85-0; (vofopitant) 168266-51-1, 168266-90-8;

(fluoxetine) 54910-89-3, 56296-78-7, 59333-67-4

L188 ANSWER 14 OF 23 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2002078832 EMBASE
TITLE: What role do atypical antipsychotic drugs have in treatment-resistant depression?.
AUTHOR: Thase M.E.
CORPORATE SOURCE: Dr. M.E. Thase, Western Psychiat. Inst. and Clinic, 3811 O'Hara St., Pittsburgh, PA 15213-2593, United States. thaseme@msx.upmc.edu
SOURCE: Journal of Clinical Psychiatry, (2002) 63/2 (95-103). Refs: 84
ISSN: 0160-6689 CODEN: JCLPDE
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 030 Pharmacology
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ABSTRACT:

Despite significant advances in the treatment of depression, many patients fail to respond to treatment with adequate dose and duration. Multiple therapeutic approaches are available for the treatment of patients not responding to standard antidepressant medication. These include switching medication or combination and augmentation strategies. A substantial number of patients do not respond to multiple treatment trials. These patients suffer from treatment-resistant depression (TRD) and represent a challenge to the treating physician. There have been a growing number of reports on the use of atypical antipsychotics as augmenting agents in nonpsychotic TRD. Second-generation antipsychotics are less likely to provoke parkinsonian side effects. It has also been reported that these agents produce lower rates of tardive movement disorders than traditional neuroleptics. Furthermore, second-generation antipsychotics are serotonin-2A/2C antagonists, possibly allowing them to improve the efficacy and some aspects of the side effect profile of selective serotonin reuptake inhibitors (SSRIs). Weight gain and sedation are likely to be the most common adverse events of such combined therapy. In a recent controlled clinical trial, the atypical antipsychotic olanzapine was combined with fluoxetine therapy in an 8-week, double-blind clinical trial in patients with TRD. This combination drug therapy demonstrated clinical efficacy on several rating scales and showed rapid onset of action. Although more studies will be required to confirm and extend these findings, the results suggest that there may be a clinical benefit to combining atypical antipsychotics with SSRIs in nonpsychotic TRD.

CONTROLLED TERM: Medical Descriptors:
*therapy resistance
*depression: DR, drug resistance
*depression: DT, drug therapy
*psychosis: DR, drug resistance
*psychosis: DT, drug therapy
dose response
disease duration
parkinsonism: SI, side effect
tardive dyskinesia: SI, side effect
serotonin release
drug potentiation
drug efficacy
weight gain
sedation
rating scale
combination chemotherapy

patient compliance
motor dysfunction: SI, side effect
diarrhea: SI, side effect
nausea: SI, side effect
extrapyramidal symptom: SI, side effect
hyperprolactinemia: SI, side effect
fatigue: SI, side effect
polydipsia: SI, side effect
polyuria: SI, side effect
drowsiness: SI, side effect
sexual dysfunction: SI, side effect
sleep disorder: SI, side effect
anxiety
somnolence: SI, side effect
human
major clinical study
clinical trial
double blind procedure
article
priority journal
Drug Descriptors:
*antidepressant agent: AE, adverse drug reaction
*antidepressant agent: CB, drug combination
*antidepressant agent: DT, drug therapy
*serotonin 2A antagonist: AE, adverse drug reaction
*serotonin 2A antagonist: CB, drug combination
*serotonin 2A antagonist: DT, drug therapy
*serotonin 2C antagonist: AE, adverse drug reaction
*serotonin 2C antagonist: CB, drug combination
*serotonin 2C antagonist: DT, drug therapy
*serotonin uptake inhibitor: AE, adverse drug reaction
*serotonin uptake inhibitor: CB, drug combination
*serotonin uptake inhibitor: DT, drug therapy
*olanzapine: AE, adverse drug reaction
*olanzapine: CT, clinical trial
***olanzapine: CB, drug combination**
*olanzapine: DT, drug therapy
*fluoxetine: AE, adverse drug reaction
*fluoxetine: CT, clinical trial
*fluoxetine: CB, drug combination
*fluoxetine: DT, drug therapy
lithium: AE, adverse drug reaction
lithium: CB, drug combination
lithium: DT, drug therapy
thyroid hormone: AE, adverse drug reaction
thyroid hormone: CB, drug combination
thyroid hormone: DT, drug therapy
dopamine receptor stimulating agent: AE, adverse drug reaction
dopamine receptor stimulating agent: CB, drug combination
dopamine receptor stimulating agent: DT, drug therapy
tricyclic antidepressant agent: AE, adverse drug reaction
tricyclic antidepressant agent: CB, drug combination
tricyclic antidepressant agent: DT, drug therapy
desipramine: AE, adverse drug reaction
desipramine: CT, clinical trial
desipramine: CB, drug combination
desipramine: DT, drug therapy
buspirone: AE, adverse drug reaction
buspirone: CB, drug combination
buspirone: DT, drug therapy
pramipexole: AE, adverse drug reaction
pramipexole: CB, drug combination

pramipexole: DT, drug therapy
bromocriptine: AE, adverse drug reaction
bromocriptine: CB, drug combination
bromocriptine: DT, drug therapy
clozapine: AE, adverse drug reaction
clozapine: CB, drug combination
clozapine: DT, drug therapy
haloperidol: AE, adverse drug reaction
haloperidol: CB, drug combination
haloperidol: DT, drug therapy
serotonin: EC, endogenous compound
noradrenalin: EC, endogenous compound
dopamine: EC, endogenous compound
quetiapine: AE, adverse drug reaction
quetiapine: CB, drug combination
quetiapine: DT, drug therapy
amfebutamone: AE, adverse drug reaction
amfebutamone: CB, drug combination
amfebutamone: DT, drug therapy
chlorpromazine: AE, adverse drug reaction
chlorpromazine: CB, drug combination
chlorpromazine: DT, drug therapy
liothyronine: AE, adverse drug reaction
liothyronine: CB, drug combination
liothyronine: DT, drug therapy
nefazodone: AE, adverse drug reaction
nefazodone: CB, drug combination
nefazodone: DT, drug therapy
perphenazine: AE, adverse drug reaction
perphenazine: CB, drug combination
perphenazine: DT, drug therapy
tranylcypromine: AE, adverse drug reaction
tranylcypromine: CB, drug combination
tranylcypromine: DT, drug therapy
venlafaxine: AE, adverse drug reaction
venlafaxine: CB, drug combination
venlafaxine: DT, drug therapy
liothyronine sodium
mirtazapine
risperidone

CAS REGISTRY NO.: (olanzapine) 132539-06-1; (fluoxetine) 54910-89-3, 56296-78-7, 59333-67-4; (lithium) 7439-93-2; (desipramine) 50-47-5, 58-28-6; (buspirone) 33386-08-2, 36505-84-7; (pramipexole) 104632-26-0; (bromocriptine) 25614-03-3; (clozapine) 5786-21-0; (haloperidol) 52-86-8; (serotonin) 50-67-9; (noradrenalin) 1407-84-7, 51-41-2; (dopamine) 51-61-6, 62-31-7; (quetiapine) 111974-72-2; (amfebutamone) 31677-93-7, 34911-55-2; (chlorpromazine) 50-53-3, 69-09-0; (liothyronine) 6138-47-2, 6893-02-3; (nefazodone) 82752-99-6, 83366-66-9; (perphenazine) 58-39-9; (tranylcypromine) 13492-01-8, 155-09-9, 54-97-7; (venlafaxine) 93413-69-5; (liothyronine sodium) 55-06-1; (mirtazapine) 61337-67-5; (risperidone) 106266-06-2

CHEMICAL NAME: Wellbutrin; Thorazine; Clozaril; Norpramin; Prozac; Haldol; Cytomel; Triostat; Remeron; Serzone; Zyprexa; Trilafon; Mirapex; Seroquel; Risperdal; Parnate; Effexor

L188 ANSWER 15 OF 23 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2002419587 EMBASE
TITLE: Depression in elderly people.
AUTHOR: Hewitt J.A.
CORPORATE SOURCE: Dr. J.A. Hewitt, Department of Old Age Psychiatry, Kings Park Hospital, Gloucester Road, Bournemouth BH7 6JE, United

Kingdom
SOURCE: CME Journal Geriatric Medicine, (2002) 4/1 (28-33).
Refs: 36
ISSN: 1367-8914 CODEN: CJGMAH
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 032 Psychiatry
020 Gerontology and Geriatrics
038 Adverse Reactions Titles
030 Pharmacology
036 Health Policy, Economics and Management
017 Public Health, Social Medicine and Epidemiology
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ABSTRACT:
Depression is a common illness afflicting elderly people living in the community. It is even more common amongst medical in-patients. The condition is easily missed, since it may often present in an atypical way. Failure to detect it may result in unnecessary investigations and a lengthy hospital stay. The condition may become chronic and lead to dependency, unnecessary suffering and an increased mortality rate. This article describes how depression may be diagnosed and treated.

CONTROLLED TERM: Medical Descriptors:
*depression: DI, diagnosis
*depression: EP, epidemiology
*depression: DM, disease management
*depression: TH, therapy
*depression: DT, drug therapy
*geriatric disorder: DI, diagnosis
*geriatric disorder: EP, epidemiology
*geriatric disorder: DM, disease management
*geriatric disorder: TH, therapy
*geriatric disorder: DT, drug therapy
human
clinical trial
meta analysis
aged
community care
geriatric patient
clinical feature
diagnostic accuracy
hospitalization
chronic disease
mortality
interview
screening
rating scale
differential diagnosis
prevalence
suicide
drug cost
drug efficacy
gastrointestinal disease: SI, side effect
body weight disorder: SI, side effect
anxiety disorder: SI, side effect
headache: SI, side effect
serotonin syndrome: SI, side effect
restlessness: SI, side effect
diaphoresis
side effect: SI, side effect
tremor: SI, side effect

shivering: SI, side effect
myoclonus: SI, side effect
confusion: SI, side effect
convulsion: SI, side effect
drug contraindication
hyponatremia: SI, side effect
seizure: SI, side effect
systolic hypertension: SI, side effect
sedation
appetite disorder: SI, side effect
sexual dysfunction: SI, side effect
electroconvulsive therapy
mental health care
prognosis
patient referral
law
review
Drug Descriptors:
neuroleptic agent: DT, drug therapy
neuroleptic agent: PD, pharmacology
neuroleptic agent: CT, clinical trial
neuroleptic agent: PE, pharmacoeconomics
neuroleptic agent: CB, drug combination
neuroleptic agent: IT, drug interaction
neuroleptic agent: AE, adverse drug reaction
monoamine oxidase inhibitor: DT, drug therapy
monoamine oxidase inhibitor: PD, pharmacology
monoamine oxidase inhibitor: CB, drug combination
monoamine oxidase inhibitor: IT, drug interaction
monoamine oxidase inhibitor: AE, adverse drug reaction
phenelzine: DT, drug therapy
phenelzine: PD, pharmacology
moclobemide: DT, drug therapy
moclobemide: PD, pharmacology
tricyclic antidepressant agent: DT, drug therapy
tricyclic antidepressant agent: PD, pharmacology
tricyclic antidepressant agent: PE, pharmacoeconomics
tricyclic antidepressant agent: CB, drug combination
tricyclic antidepressant agent: IT, drug interaction
tricyclic antidepressant agent: AE, adverse drug reaction
amitriptyline: DT, drug therapy
amitriptyline: PD, pharmacology
imipramine: DT, drug therapy
imipramine: PD, pharmacology
lofepramine: DT, drug therapy
lofepramine: PD, pharmacology
dosulepin: DT, drug therapy
dosulepin: PD, pharmacology
serotonin uptake inhibitor: DT, drug therapy
serotonin uptake inhibitor: PD, pharmacology
serotonin uptake inhibitor: CB, drug combination
serotonin uptake inhibitor: IT, drug interaction
serotonin uptake inhibitor: AE, adverse drug reaction
fluoxetine: DT, drug therapy
fluoxetine: PD, pharmacology
fluoxetine: CB, drug combination
fluoxetine: IT, drug interaction
fluoxetine: AE, adverse drug reaction
sertraline: DT, drug therapy
sertraline: PD, pharmacology
sertraline: AE, adverse drug reaction
paroxetine: DT, drug therapy
paroxetine: PD, pharmacology

paroxetine: CB, drug combination
paroxetine: IT, drug interaction
paroxetine: AE, adverse drug reaction
citalopram: DT, drug therapy
citalopram: PD, pharmacology
noradrenalin uptake inhibitor: DT, drug therapy
noradrenalin uptake inhibitor: PD, pharmacology
noradrenalin uptake inhibitor: CB, drug combination
noradrenalin uptake inhibitor: IT, drug interaction
noradrenalin uptake inhibitor: AE, adverse drug reaction
venlafaxine: DT, drug therapy
venlafaxine: PD, pharmacology
reboxetine: DT, drug therapy
reboxetine: PD, pharmacology
mirtazapine: DT, drug therapy
mirtazapine: PD, pharmacology
antiarrhythmic agent: DT, drug therapy
antiarrhythmic agent: PD, pharmacology
antiarrhythmic agent: CB, drug combination
antiarrhythmic agent: IT, drug interaction
beta adrenergic receptor blocking agent: DT, drug therapy
beta adrenergic receptor blocking agent: PD, pharmacology
beta adrenergic receptor blocking agent: CB, drug combination
beta adrenergic receptor blocking agent: IT, drug interaction
cytotoxic agent: DT, drug therapy
cytotoxic agent: PD, pharmacology
cytotoxic agent: CB, drug combination
cytotoxic agent: IT, drug interaction
calcium channel blocking agent: DT, drug therapy
calcium channel blocking agent: PD, pharmacology
calcium channel blocking agent: CB, drug combination
calcium channel blocking agent: IT, drug interaction
carbamazepine: DT, drug therapy
carbamazepine: PD, pharmacology
carbamazepine: CB, drug combination
carbamazepine: IT, drug interaction
phenytoin: DT, drug therapy
phenytoin: PD, pharmacology
phenytoin: CB, drug combination
phenytoin: IT, drug interaction
warfarin: DT, drug therapy
warfarin: PD, pharmacology
warfarin: CB, drug combination
warfarin: IT, drug interaction
clomipramine: DT, drug therapy
clomipramine: PD, pharmacology
clomipramine: CM, drug comparison
clomipramine: AE, adverse drug reaction

CAS REGISTRY NO.: (phenelzine) 156-51-4, 51-71-8; (moclobemide) 71320-77-9; (amitriptyline) 50-48-6, 549-18-8; (imipramine) 113-52-0, 50-49-7; (lofepramine) 23047-25-8, 26786-32-3; (dosulepin) 113-53-1, 897-15-4; (fluoxetine) 54910-89-3, 56296-78-7, 59333-67-4; (sertraline) 79617-96-2; (paroxetine) 61869-08-7; (citalopram) 59729-33-8; (venlafaxine) 93413-69-5; (reboxetine) 98769-81-4, 98769-84-7; (mirtazapine) 61337-67-5; (carbamazepine) 298-46-4, 8047-84-5; (phenytoin) 57-41-0, 630-93-3; (warfarin) 129-06-6, 2610-86-8, 3324-63-8, 5543-58-8, 81-81-2; (clomipramine) 17321-77-6, 303-49-1

L188 ANSWER 16 OF 23 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.

ACCESSION NUMBER: 2001421206 EMBASE
TITLE: Risperidone safety and efficacy in the treatment of bipolar and schizoaffective disorders: Results from a 6-month, multicenter, open study.
AUTHOR: Vieta E.; Goikolea J.M.; Corbella B.; Benabarre A.; Reinares M.; Martinez G.; Fernandez A.; Colom F.; Martinez-Aran A.; Torrent C.
CORPORATE SOURCE: Dr. E. Vieta, University of Barcelona, Department of Psychiatry, Hospital Clinic, Villarroel 170, Barcelona 08036, Spain. EVIETA@clinic.ub.es
SOURCE: Journal of Clinical Psychiatry, (2001) 62/10 (818-825). Refs: 50
ISSN: 0160-6689 CODEN: JCLPDE
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ABSTRACT:
Background: The goal of this study was to assess the efficacy and safety of risperidone in bipolar and schizoaffective disorders. Method: 541 patients entered this open, multicenter, 6-month study. Patients were entered provided that they fulfilled DSM-IV criteria for bipolar disorder or schizoaffective disorder, bipolar type, during a manic, hypomanic, mixed, or depressive episode. Risperidone was added to any previous mood-stabilizing medication that the patients were taking. Efficacy was assessed with the Young Mania Rating Scale (YMRS), the Hamilton Rating Scale for Depression (HAM-D), the Positive and Negative Syndrome Scale (PANSS), and the Clinical Global Impressions scale (CGI). Extrapyramidal symptoms (EPS) were assessed using the UKU Side Effect Rating Scale. Results: 430 patients completed the study. Addition of risperidone produced highly significant improvements ($p < .0001$) on the YMRS and HAM-D at both 6 weeks and 6 months and on the CGI and the scales of the PANSS at both 4 weeks and 6 months. There was a significant reduction in UKU total and subscale scores at 6 months. The mean dose of risperidone was 3.9 mg/day. There was no single case of new-emergent tardive dyskinesia, and there was a very low incidence of exacerbation of mania within the first 6 weeks (2%). Adverse events were few and mostly mild, the most frequent being EPS and weight gain. Conclusion: This large study provides additional evidence that risperidone is effective and well tolerated when combined with mood stabilizers in the treatment of bipolar disorder and schizoaffective disorder, bipolar type. Previous concerns about exacerbation of manic symptoms were not confirmed.

CONTROLLED TERM: Medical Descriptors:
*manic depressive psychosis: DT, drug therapy
*schizoidism: DT, drug therapy
drug efficacy
drug safety
treatment outcome
follow up
scoring system
Hamilton scale
negative syndrome
extrapyramidal symptom: SI, side effect
tardive dyskinesia: SI, side effect
disease exacerbation: SI, side effect
weight gain
drowsiness: SI, side effect
vertigo: SI, side effect
impotence: SI, side effect
hypotension: SI, side effect

vomiting: SI, side effect
dysarthria: SI, side effect
human
male
female
major clinical study
clinical trial
multicenter study
controlled study
adult
article
priority journal
Drug Descriptors:
*risperidone: AE, adverse drug reaction
*risperidone: CT, clinical trial
***risperidone: CB, drug combination**
*risperidone: DO, drug dose
*risperidone: DT, drug therapy
lithium: CT, clinical trial
lithium: CB, drug combination
lithium: DT, drug therapy
carbamazepine: CT, clinical trial
carbamazepine: CB, drug combination
carbamazepine: DT, drug therapy
valproic acid: CT, clinical trial
valproic acid: CB, drug combination
valproic acid: DT, drug therapy
antidepressant agent: CT, clinical trial
antidepressant agent: CB, drug combination
antidepressant agent: DT, drug therapy
venlafaxine: CT, clinical trial
venlafaxine: CB, drug combination
venlafaxine: DT, drug therapy
haloperidol: CT, clinical trial
haloperidol: CB, drug combination
haloperidol: DT, drug therapy

CAS REGISTRY NO.: (risperidone) 106266-06-2; (lithium) 7439-93-2; (carbamazepine) 298-46-4, 8047-84-5; (valproic acid) 1069-66-5, 99-66-1; (venlafaxine) 93413-69-5; (haloperidol) 52-86-8

CHEMICAL NAME: Tegretol; Haldol; Risperdal; Effexor

L188 ANSWER 17 OF 23 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2000205182 EMBASE
TITLE: Neuroleptic malignant syndrome after venlafaxlne (multiple letters).
CORPORATE SOURCE: E.M. Cassidy, Department of Psychiatry, Beaumont Hospital, Dublin 9
SOURCE: Lancet, (17 Jun 2000) 355/9221 (2164-2165).
Refs: 0
ISSN: 0140-6736 CODEN: LANCAO
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Letter
FILE SEGMENT: 008 Neurology and Neurosurgery
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English

CONTROLLED TERM: Medical Descriptors:
***neuroleptic malignant syndrome: DI, diagnosis**
***neuroleptic malignant syndrome: DT, drug therapy**
***neuroleptic malignant syndrome: ET, etiology**

***neuroleptic malignant syndrome: SI, side effect**
clinical feature
dopamine brain level
drug overdose
extrapyramidal symptom: SI, side effect
hepatic encephalopathy: DT, drug therapy
sensory dysfunction: DI, diagnosis
sensory dysfunction: ET, etiology
sensory dysfunction: SI, side effect
serotonin brain level
serotonin syndrome: DI, diagnosis
serotonin syndrome: ET, etiology
serotonin syndrome: SI, side effect
serotoninergic system
human
nonhuman
rat
controlled study
animal experiment
animal model
letter
priority journal
Drug Descriptors:
*venlafaxine: AE, adverse drug reaction
***venlafaxine: CB, drug combination**
*venlafaxine: CM, drug comparison
*venlafaxine: DO, drug dose
*venlafaxine: TO, drug toxicity
*venlafaxine: PD, pharmacology
brain monoamine: EC, endogenous compound
dopamine receptor blocking agent: AE, adverse drug reaction
dopamine receptor blocking agent: CB, drug combination
dopamine receptor blocking agent: PD, pharmacology
dopamine receptor stimulating agent: DT, drug therapy
dopamine: EC, endogenous compound
muscle relaxant agent: DT, drug therapy
serotonin uptake inhibitor: AE, adverse drug reaction
serotonin uptake inhibitor: CB, drug combination
serotonin uptake inhibitor: CM, drug comparison
serotonin uptake inhibitor: DO, drug dose
serotonin uptake inhibitor: TO, drug toxicity
serotonin uptake inhibitor: PD, pharmacology
serotonin: EC, endogenous compound
trifluoperazine: AE, adverse drug reaction
trifluoperazine: CB, drug combination
trifluoperazine: PD, pharmacology
CAS REGISTRY NO.: (venlafaxine) 93413-69-5; (dopamine) 51-61-6, 62-31-7; (muscle relaxant agent) 9008-44-0; (serotonin) 50-67-9; (trifluoperazine) 117-89-5, 440-17-5

L188 ANSWER 18 OF 23 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2000416889 EMBASE
TITLE: Lethal combination of tramadol and multiple drugs affecting serotonin.
AUTHOR: Ripple M.G.; Pestaner J.P.; Levine B.S.; Smialek J.E.
CORPORATE SOURCE: Dr. J.E. Smialek, Off. Chf. Med. Examiner State of MD, 111 Penn Street, Baltimore, MD 21201-1020, United States. OCMEMD@aol.com
SOURCE: American Journal of Forensic Medicine and Pathology, (2000) 21/4 (370-374).
Refs: 13
ISSN: 0195-7910 CODEN: AJFPD2
COUNTRY: United States

DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 008 Neurology and Neurosurgery
037 Drug Literature Index
049 Forensic Science Abstracts
050 Epilepsy
052 Toxicology
LANGUAGE: English
SUMMARY LANGUAGE: English
ABSTRACT:

The death of a 36-year-old alcoholic man who died after developing seizure activity while being treated with tramadol, as well as with venlafaxine, trazodone, and quetiapine, all of which interact with the neurotransmitter serotonin, is reported. The decedent, who had a history of chronic back pain, alcoholism, depression, mild hypertensive cardiovascular disease, and gastritis, had just been discharged from the hospital after 4 days of alcohol detoxification treatment. During the admission, no withdrawal seizures were noted. The morning after discharge, a witness observed the decedent exhibiting seizure activity and then collapsing. An autopsy was performed approximately 6 hours after death, and the anatomic findings were consistent with seizure activity and collapse, which included biting injuries of the tongue and soft-tissue injuries of the face. Toxicologic analysis identified tramadol, venlafaxine, promethazine, and acetaminophen in the urine; tramadol (0.70 mg/L) and venlafaxine (0.30 mg/L) in the heart blood, and 0.10 mg of tramadol in 40 ml of submitted stomach contents. No metabolites, such as acetate, acetone, lactate, and pyruvate, were found in the specimens that would be characteristically found in a person with alcohol withdrawal syndrome. The threshold for seizures is lowered by tramadol. In addition, the risk for seizure is enhanced by the concomitant use of tramadol with selective serotonin reuptake inhibitors or neuroleptics, and its use in patients with a recognized risk for seizures, i.e., alcohol withdrawal. The cause of death in this individual was seizure activity complicating therapy for back pain, depression, and alcohol withdrawal syndrome. The data in Adverse Event Reporting System of the Food and Drug Administration from November 1, 1997 to September 8, 1999 was reviewed along with a MEDLINE search from 1966 to the present. This case appears to be the first reported death caused by seizure activity in a patient taking tramadol in combination with drugs that affect serotonin.

CONTROLLED TERM: Medical Descriptors:
*alcoholism
***seizure**
lethality
anamnesis
cause of death
backache
depression
alcohol withdrawal
autopsy
human
male
case report
adult
article
Drug Descriptors:
*tramadol: CB, drug combination
*tramadol: IT, drug interaction
*tramadol: TO, drug toxicity
***venlafaxine: CB, drug combination**
*venlafaxine: IT, drug interaction
*venlafaxine: TO, drug toxicity
***quetiapine: CB, drug combination**
*quetiapine: IT, drug interaction
*quetiapine: TO, drug toxicity
*promethazine: CB, drug combination

*promethazine: IT, drug interaction
*promethazine: TO, drug toxicity
*paracetamol: CB, drug combination
*paracetamol: IT, drug interaction
*paracetamol: TO, drug toxicity
serotonin: EC, endogenous compound
serotonin uptake inhibitor: CB, drug combination
serotonin uptake inhibitor: IT, drug interaction
serotonin uptake inhibitor: TO, drug toxicity
neuroleptic agent: CB, drug combination
neuroleptic agent: IT, drug interaction
neuroleptic agent: TO, drug toxicity
CAS REGISTRY NO.: (tramadol) 27203-92-5, 36282-47-0; (venlafaxine) 93413-69-5; (quetiapine) 111974-72-2; (promethazine) 58-33-3, 60-87-7; (paracetamol) 103-90-2; (serotonin) 50-67-9
CHEMICAL NAME: (1) Ultram
COMPANY NAME: (1) Ortho Mcneil (United States)

L188 ANSWER 19 OF 23 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2000046153 EMBASE
TITLE: Neuroleptic malignant syndrome after venlafaxine.
AUTHOR: Nimmagadda S.R.; Ryan D.H.; Atkin S.L.
CORPORATE SOURCE: Dr. S.R. Nimmagadda, Acute Psychiatric Assessment Unit, Castle Hill Hospital, Millview Court, Hull, United Kingdom. seshagiri25@hotmail.com
SOURCE: Lancet, (22 Jan 2000) 355/9200 (289-290).
Refs: 5
ISSN: 0140-6736 CODEN: LANCAO
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 006 Internal Medicine
008 Neurology and Neurosurgery
030 Pharmacology
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ABSTRACT:
A patient developed neuroleptic malignant syndrome after a single dose of venlafaxine with trifluoperazine treatment. A dopamine-inhibition effect induced by one dose of venlafaxine may have augmented dopamine-receptor inhibition by trifluoperazine.

CONTROLLED TERM: Medical Descriptors:
***neuroleptic malignant syndrome: DT, drug therapy**
***neuroleptic malignant syndrome: SI, side effect**
depression: DT, drug therapy
human
case report
male
adult
article
priority journal
Drug Descriptors:
*venlafaxine: AE, adverse drug reaction
***venlafaxine: CB, drug combination**
*venlafaxine: DO, drug dose
*venlafaxine: IT, drug interaction
*venlafaxine: DT, drug therapy
*venlafaxine: PK, pharmacokinetics
bromocriptine: DO, drug dose

bromocriptine: DT, drug therapy
dantrolene: DO, drug dose
dantrolene: DT, drug therapy
dopamine receptor: EC, endogenous compound
dopamine: EC, endogenous compound
trifluoperazine: CB, drug combination
trifluoperazine: DO, drug dose
trifluoperazine: IT, drug interaction
trifluoperazine: DT, drug therapy
trifluoperazine: PK, pharmacokinetics
CAS REGISTRY NO.: (venlafaxine) 93413-69-5; (bromocriptine) 25614-03-3; (dantrolene) 14663-23-1, 7261-97-4; (dopamine) 51-61-6, 62-31-7; (trifluoperazine) 117-89-5, 440-17-5

L188 ANSWER 20 OF 23 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2000147762 EMBASE
TITLE: Clinical experience with quetiapine in elderly patients with psychotic disorders.
AUTHOR: Madhusoodanan S.; Brenner R.; Alcantra A.
CORPORATE SOURCE: Dr. S. Madhusoodanan, St. John's Episcopal Hospital, South Shore, 327 Beach 19th Street, Far Rockaway, NY 11691, United States
SOURCE: Journal of Geriatric Psychiatry and Neurology, (2000) 13/1 (28-32).
Refs: 10
ISSN: 0891-9887 CODEN: JGPNEN
COUNTRY: Canada
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 008 Neurology and Neurosurgery
020 Gerontology and Geriatrics
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ABSTRACT:
Quetiapine fumarate is a recently marketed atypical antipsychotic medication proved to be effective in the treatment of schizophrenia and schizoaffective disorder in the younger population. There is a paucity of studies of this drug in the elderly and more data are needed on the effects of quetiapine in this population, especially those with comorbid medical illnesses. Quetiapine was used to treat seven elderly hospitalized patients between 61 and 72 years of age who manifested signs of psychosis related to schizophrenia, schizoaffective disorder, or bipolar disorder. All patients had been treated previously with conventional antipsychotics or other atypical antipsychotics. Response was assessed by observation of patient's behavior. Four patients responded to treatment; three did not respond. Positive symptoms decreased markedly in all four responders. Negative symptoms showed marked decrease in two patients and moderate decrease in one patient. Preexisting extrapyramidal symptoms (EPS) diminished in three patients. Transient hypotension, dizziness, and somnolence occurred in two patients. No other side effects were noted. No adverse consequences occurred when lithium, carbamazepine, valproic acid, or venlafaxine was given concurrently. The reduction of positive and negative symptoms of schizophrenia and lack of significant EPS and minimal sedative, hypotensive, and anticholinergic side effects indicate that quetiapine may be a safe and effective medication for the elderly.

CONTROLLED TERM: Medical Descriptors:
*aged
*psychosis: DT, drug therapy
extrapyramidal syndrome: DT, drug therapy
hypotension: SI, side effect
manic depressive psychosis: DT, drug therapy

negative syndrome: DT, drug therapy
schizophrenia: DT, drug therapy
somnolence: SI, side effect
vertigo: SI, side effect
human
clinical article
clinical trial
male
female
adult
article
priority journal
Drug Descriptors:
*quetiapine: AE, adverse drug reaction
*quetiapine: CT, clinical trial
***quetiapine: CB, drug combination**
*quetiapine: DT, drug therapy
*quetiapine: PO, oral drug administration
carbamazepine: AE, adverse drug reaction
carbamazepine: CB, drug combination
lithium: AE, adverse drug reaction
lithium: CB, drug combination
valproic acid: AE, adverse drug reaction
valproic acid: CB, drug combination
venlafaxine: AE, adverse drug reaction
venlafaxine: CB, drug combination
CAS REGISTRY NO.: (quetiapine) 111974-72-2; (carbamazepine) 298-46-4, 8047-84-5; (lithium) 7439-93-2; (valproic acid) 1069-66-5, 99-66-1; (venlafaxine) 93413-69-5

L188 ANSWER 21 OF 23 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 1998034926 EMBASE
TITLE: [Pharmacokinetic and pharmacodynamic interactions among antidepressant drugs].
INTERACCIONES FARMACOCINETICAS Y FARMACODINAMICAS ENTRE FARMACOS ANTIDEPRESIVOS.
AUTHOR: Echandia E.L.R.
CORPORATE SOURCE: E.L.R. Echandia, Catedra de Farmacologia, Facultad de Ciencias Medicas, Universidad Nacional de Cuyo, Mendoza, Argentina
SOURCE: Prensa Medica Argentina, (1997) 84/9 (917-922).
Refs: 17
ISSN: 0032-745X CODEN: PMARAU
COUNTRY: Argentina
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 020 Gerontology and Geriatrics
030 Pharmacology
032 Psychiatry
037 Drug Literature Index
LANGUAGE: Spanish
SUMMARY LANGUAGE: English; Spanish
ABSTRACT:
The well known anticholinergic effects of tricyclic antidepressants (TCAs) and the risk of interactions of the irreversible MAOIs limit their usefulness in the treatment of depression. Moreover, they are cardiotoxic and may cause mortality in overdose, they may interact with drugs having MAOI activity, such as Isoniacid, or NA uptake blocking drugs, such as cocaine. The use of vasoconstrictors is contraindicated in patients medicated with TCAs and MAOIs antidepressants and care should be exercised in the use of first generation antidepressants in the elderly, since they are more likely than young patients to be treated for multiple illnesses. The SSRI (serotonin uptake inhibitors) class of antidepressants may be a good choice for the treatment of elderly depressed patients, as well as patients with cardiovascular and cerebrovascular

diseases. Though they have a broad spectrum interactions with other psychotropic drugs the SSRIs have little or no effect on cardiac conduction and do not cause ortosthatic hypotension. It must be noticed, however, that Fluoxetine, nor Fluoxetine and Paroxetine are potent inhibitors of the isoenzyme P 450 IID6 whereas Sertraline has much weaker inhibitory effects on this isoenzyme. Inhibition of P 450 can cause dangerous increases in plasma levels of TCAs, neuroleptics, Carbamazepine and other psychotropic drugs. Thus Sertraline may offer potential advantages over other SSRIs in elderly patients. Antidepressant drugs acting selectively on NA synapses, such as Mianserine, or DA synapses, such as Amineptine, may cause more adverse interactions than SSRIs drugs.

CONTROLLED TERM: Medical Descriptors:
*depression: DT, drug therapy
*psychopharmacotherapy
mental disease: DT, drug therapy
cardiovascular disease
cerebrovascular disease
geriatric patient
drug effect
human
aged
review
Drug Descriptors:
*antidepressant agent: CB, drug combination
*antidepressant agent: CR, drug concentration
*antidepressant agent: IT, drug interaction
*antidepressant agent: DT, drug therapy
*antidepressant agent: PK, pharmacokinetics
*antidepressant agent: PD, pharmacology
*serotonin uptake inhibitor: CB, drug combination
*serotonin uptake inhibitor: CR, drug concentration
*serotonin uptake inhibitor: IT, drug interaction
*serotonin uptake inhibitor: DT, drug therapy
*serotonin uptake inhibitor: PK, pharmacokinetics
*serotonin uptake inhibitor: PD, pharmacology
*fluoxetine: CB, drug combination
*fluoxetine: CR, drug concentration
*fluoxetine: IT, drug interaction
*fluoxetine: DT, drug therapy
*fluoxetine: PK, pharmacokinetics
*fluoxetine: PD, pharmacology
*paroxetine: CB, drug combination
*paroxetine: CR, drug concentration
*paroxetine: IT, drug interaction
*paroxetine: DT, drug therapy
*paroxetine: PK, pharmacokinetics
*paroxetine: PD, pharmacology
*mianserin: CB, drug combination
*mianserin: CR, drug concentration
*mianserin: IT, drug interaction
*mianserin: DT, drug therapy
*mianserin: PK, pharmacokinetics
*mianserin: PD, pharmacology
*amineptine: CB, drug combination
*amineptine: CR, drug concentration
*amineptine: IT, drug interaction
*amineptine: DT, drug therapy
*amineptine: PK, pharmacokinetics
*amineptine: PD, pharmacology
tricyclic antidepressant agent: CB, drug combination
tricyclic antidepressant agent: CR, drug concentration
tricyclic antidepressant agent: IT, drug interaction

tricyclic antidepressant agent: DT, drug therapy
tricyclic antidepressant agent: PK, pharmacokinetics
tricyclic antidepressant agent: PD, pharmacology
neuroleptic agent: CB, drug combination
neuroleptic agent: CR, drug concentration
neuroleptic agent: IT, drug interaction
neuroleptic agent: DT, drug therapy
neuroleptic agent: PK, pharmacokinetics
neuroleptic agent: PD, pharmacology
psychotropic agent: CB, drug combination
psychotropic agent: CR, drug concentration
psychotropic agent: IT, drug interaction
psychotropic agent: DT, drug therapy
psychotropic agent: PK, pharmacokinetics
psychotropic agent: PD, pharmacology
amitriptyline: CB, drug combination
amitriptyline: CR, drug concentration
amitriptyline: IT, drug interaction
amitriptyline: DT, drug therapy
amitriptyline: PK, pharmacokinetics
amitriptyline: PD, pharmacology
desipramine: CB, drug combination
desipramine: CR, drug concentration
desipramine: IT, drug interaction
desipramine: DT, drug therapy
desipramine: PK, pharmacokinetics
desipramine: PD, pharmacology
nomifensine: CB, drug combination
nomifensine: CR, drug concentration
nomifensine: IT, drug interaction
nomifensine: DT, drug therapy
nomifensine: PK, pharmacokinetics
nomifensine: PD, pharmacology
citalopram: CB, drug combination
citalopram: CR, drug concentration
citalopram: IT, drug interaction
citalopram: DT, drug therapy
citalopram: PK, pharmacokinetics
citalopram: PD, pharmacology
methylphenidate: CB, drug combination
methylphenidate: CR, drug concentration
methylphenidate: IT, drug interaction
methylphenidate: DT, drug therapy
methylphenidate: PK, pharmacokinetics
methylphenidate: PD, pharmacology
tianeptine: CB, drug combination
tianeptine: CR, drug concentration
tianeptine: IT, drug interaction
tianeptine: DT, drug therapy
tianeptine: PK, pharmacokinetics
tianeptine: PD, pharmacology
sertraline: CB, drug combination
sertraline: CR, drug concentration
sertraline: IT, drug interaction
sertraline: DT, drug therapy
sertraline: PK, pharmacokinetics
sertraline: PD, pharmacology
clonazepam: CB, drug combination
clonazepam: CR, drug concentration
clonazepam: IT, drug interaction
clonazepam: DT, drug therapy
clonazepam: PK, pharmacokinetics
clonazepam: PD, pharmacology

monoamine oxidase inhibitor: IT, drug interaction
ketanserin: IT, drug interaction
spiradoline: IT, drug interaction
pimozide: IT, drug interaction
naphazoline: IT, drug interaction
oxymetazoline: IT, drug interaction
phenylephrine: IT, drug interaction
xylometazoline: IT, drug interaction
nifedipine: IT, drug interaction
fendiline: IT, drug interaction
isoniazid: IT, drug interaction
lysergide: IT, drug interaction
unindexed drug

CAS REGISTRY NO.: (fluoxetine) 54910-89-3, 56296-78-7, 59333-67-4; (paroxetine) 61869-08-7; (mianserin) 21535-47-7, 24219-97-4; (amineptine) 30272-08-3, 57574-09-1; (amitriptyline) 50-48-6, 549-18-8; (desipramine) 50-47-5, 58-28-6; (nomifensine) 24526-64-5; (citalopram) 59729-33-8; (methylphenidate) 113-45-1, 298-59-9; (tianeptine) 66981-73-5; (sertraline) 79617-96-2; (clonazepam) 1622-61-3; (ketanserin) 74050-98-9; (spiradoline) 87151-85-7; (pimozide) 2062-78-4; (naphazoline) 5144-52-5, 550-99-2, 835-31-4; (oxymetazoline) 1491-59-4, 2315-02-8; (phenylephrine) 532-38-7, 59-42-7, 61-76-7; (xylometazoline) 1218-35-5, 526-36-3; (nifedipine) 21829-25-4; (fendiline) 13042-18-7, 13636-18-5; (isoniazid) 54-85-3, 62229-51-0, 65979-32-0; (lysergide) 50-37-3

L188 ANSWER 22 OF 23 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 93243612 EMBASE
DOCUMENT NUMBER: 1993243612
TITLE: In vivo assessment of the human nigrostriatal dopaminergic system using positron emission tomography.
AUTHOR: Leenders K.L.
CORPORATE SOURCE: Paul Scherrer Institute, PET Department,Villigen, CH-5232, Switzerland
SOURCE: Journal of Neural Transplantation and Plasticity, (1992) 3/4 (231-232).
ISSN: 0792-8483 CODEN: JNPLEW
COUNTRY: Israel
DOCUMENT TYPE: Journal; Conference Article
FILE SEGMENT: 008 Neurology and Neurosurgery
014 Radiology
023 Nuclear Medicine
037 Drug Literature Index
LANGUAGE: English

CONTROLLED TERM: Medical Descriptors:
*dopaminergic system
*nigroneostriatal system
*positron emission tomography
adrenal cell
biochemistry
brain region
brain transplantation
caudate nucleus
conference paper
drug mixture
drug uptake
human
neurotransmission
parkinson disease: ET, etiology
putamen

receptor binding
Drug Descriptors:
dopamine 2 receptor
*radioisotope: PK, pharmacokinetics
carbon 11: CB, drug combination
carbon 11: PK, pharmacokinetics
fluorine 18: CB, drug combination
fluorine 18: PK, pharmacokinetics
levodopa: CB, drug combination
levodopa: PK, pharmacokinetics
nomifensine: CB, drug combination
nomifensine: PK, pharmacokinetics
raclopride: CB, drug combination
raclopride: PK, pharmacokinetics
CAS REGISTRY NO.: (carbon 11) 14333-33-6; (fluorine 18) 13981-56-1; (levodopa) 59-92-7; (nomifensine) 24526-64-5; (raclopride) 84225-95-6

L188 ANSWER 23 OF 23 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 91328718 EMBASE
DOCUMENT NUMBER: 1991328718
TITLE: Nomifensine but not amantadine increases dopamine-induced responses on rat substantia nigra zona compacta neurons.
AUTHOR: Mercuri N.B.; Stratta F.; Calabresi P.; Bernardi G.
CORPORATE SOURCE: Clinica Neurologica, Dip. Sanita Pub./Biol. Cell., II Universita di Roma, Via O. Raimondo,00173 Tor Vergata, Roma, Italy
SOURCE: Neuroscience Letters, (1991) 131/2 (145-148).
ISSN: 0304-3940 CODEN: NELED5
COUNTRY: Ireland
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 030 Pharmacology
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ABSTRACT:
Responses of substantia nigra zona compacta neurons to nomifensine and amantadine were studied with intracellular recording techniques (current and voltage clamp) in in vitro slice preparation of rat mesencephalon. The application of nomifensine (1-10 .mu.M) slightly hyperpolarized the cells and inhibited action potential discharge that occurs spontaneously. In voltage-clamp experiments (-50, -60 mV, holding potential) an outward current was observed. The membrane responses to exogenously-applied dopamine were potentiated by the concomitant superfusion of nomifensine. The effects of nomifensine were antagonized by (-)-sulpiride (1 .mu.M), a D2 receptor antagonist. By contrast, the superfusion of amantadine (1-30 .mu.M) on substantia nigra zona compacta cells was ineffective on firing rate, membrane potential or on sensitivity to exogenous dopamine. In the presence of high doses (300 .mu.M to 1mM) of amantadine a depolarization and an increase in firing activity was observed. While our results provide electrophysiological evidence for an inhibition of the dopamine uptake system by nomifensine, they do not support a dopaminergic mechanism for the actions of amantadine in the substantia nigra zona compacta.

CONTROLLED TERM: Medical Descriptors:
*substantia nigra
animal tissue
article
brain slice
controlled study
female
male
nonhuman

parkinson disease
priority journal
rat
voltage clamp
Drug Descriptors:
dopamine 2 receptor
*amantadine: PD, pharmacology
*amantadine: CM, drug comparison
*amantadine: CB, drug combination
*dopamine: PD, pharmacology
*dopamine: CB, drug combination
*nomifensine: PD, pharmacology
*nomifensine: CM, drug comparison
***nomifensine: CB, drug combination**
*sulpiride: PD, pharmacology
*sulpiride: CM, drug comparison
***sulpiride: CB, drug combination**
CAS REGISTRY NO.: (amantadine) 665-66-7, 768-94-5; (dopamine) 51-61-6, 62-31-7; (nomifensine) 24526-64-5; (sulpiride) 15676-16-1
COMPANY NAME: Sigma; Hoechst; Istituto de angeli; Ravizza

FILE 'HOME' ENTERED AT 11:50:10 ON 19 JUN 2003

ACCESSION NUMBER: 2[redacted]-02508 DRUGU T [redacted]
TITLE: Polypragmatic therapy of severe depression and schizophrenia can be effective and safe.
AUTHOR: Koch H J; Szecsey A; Raschka C; Klein H
CORPORATE SOURCE: Univ.Regensburg; Univ.Frankfurt
LOCATION: Regensburg; Frankfurt, Ger.
SOURCE: Eur.J.Clin.Pharmacol. (56, No. 6-7, A10, 2000)
CODEN: EJCPAS ISSN: 0031-6970
AVAIL. OF DOC.: Psychiatric University Clinic, Universitaetsstr. 84, 93053 Regensburg, Germany.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature

AB 2 Case histories are presented of patients in whom polypragmatic treatment with citalopram, amitriptylinoxide, **reboxetine**, olanzapine and lithium in 1 case of psychotic depression and with depot haloperidol injections, p.o. haloperidol and **clozapine** in the other patient with paranoid schizophrenia, prevented the need for further hospital treatment after an initial hospital admission. There were no adverse effects. It was concluded that polypragmatic treatment, particularly **combinations** of haloperidol and **clozapine** , can be safe, if the patient is regularly examined by a psychiatrist.

(conference abstract: 2nd Joint Meeting of the German Clinical Pharmacologists, Berlin, Germany, 2000).

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